THE OAKS PUBLIC SCHOOL FETE 2014

FAMILY FEEDBACK FORM

"We hope you enjoyed the recent school fete and thank you and your families for the support you gave us on the day. We would now ask that you take a few minutes to fill in this survey for us to help evaluate the day. Thank you

Please answer the following questions by circling yes or no and writing comments:

1. Overall, my family enjoyed the school fete ............................................................ Y / N
   Our favourite part of the fete was.................................................................
   Comments

2. I bought a ride armband for my child/children..................................................... Y / N
   If yes, do you think your child/children got value for money?............................. Y / N
   If no could you provide more detail

3. Do you feel rides are a necessary attraction to a school fete................................. Y / N
   If no, do you have other suggestions

4. Did you like the range of external stalls and displays ...................................... Y / N
   Did you like the range of School Stalls available............................................ Y / N
   Circle those you visited: - Kids Craft - Jumping Castle - Face Painting - Plant Stall - Cake Stall
   - Fresh Flowers - Gift Basket/Craft - Photo Booth - Fruit Salad - Crazy Hair - Petting Zoo
   - Popcorn/Fairyfloss - Choc Wheel - Hundred Squares - Second hand books/toys –Silent Auction
   Is there something else you would like to see
5. I liked the variety of food available ......................................................... Y / N
   I thought the food was affordable ......................................................... Y / N
   Comments........................................................................................................

6. I enjoyed the entertainment on stage ........................................................ Y / N
   I would like to see similar group/s perform again ........................................ Y / N
   Other suggestions ........................................................................................

7. We wanted to ensure you were kept well informed leading up to the fete, please circle which method(s) of communication best suited you *Facebook  *P&C Newsletter  *School Newsletter
   Did you feel there was enough communication........................................... Y / N

8. I volunteered to help on a stall ..................................................................... Y / N
   If yes, were you happy with the duration, were there problems, was the volunteer process easy.
   Comments/Suggestions...................................................................................

9. Did you like the timing of the Fete, Spring time on a Saturday ............................ Y / N
   If no, please circle your preference(s) from the following  *Friday arvo/evening  * Sunday  
   *Earlier in year (March)  *Other:_________________________________________

   My children are in the following age ranges (tick all that apply):

   Preschool □  K- Yr1 □
   Yr2 –Yr3 □  Yr4 – Yr5 □
   Yr 6 □  High school + □

   General Comments/Feedback: ........................................................................

   ......................................................................................................................
   ......................................................................................................................

   Name (Optional) .............................................................................................

   Thank you for your input it is greatly appreciated.