



**Los Angeles Unified School District**  
Parent, Community and Student Services  
District English Learner Advisory Committee



Tuesday, March 29, 2016

**EVALUATION**

Name (optional): \_\_\_\_\_

School Name (optional): \_\_\_\_\_

Role: ☐ DELAC Member

☐ Member of the Public (optional)

Please circle the number below that indicates how much you agree or disagree with each statement. Circle one number for each statement.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. The content and information presented at the <b>DELAC Meeting</b> was valuable.	1	2	3	4	5
2. The information shared on the Consolidated Application was clear.	1	2	3	4	5
3. I had the opportunity to share my recommendations on the New Reclassification Criteria.	1	2	3	4	5

**REFLECTIONS**

What did you appreciate most about today's meeting?	What information did you find most useful about today's meeting?
What questions might you have?	What would you like to learn more about?

Thank you for your participation.