

# NLC SEAC Meeting Feedback Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

What went well: \_\_\_\_\_

\_\_\_\_\_

What could be improved: \_\_\_\_\_

\_\_\_\_\_

Topics you would like to see addressed in future meetings (*indicate your top 3 choices*):

- Special Education Evaluation Process
- Individual Education Plans/ Team Meetings
- Autism Spectrum Disorder
- Specific Learning Disabilities
- Emotional Behavioral Disabilities
- Early Childhood Special Education
- Transition Services/Community Supports
- Other: \_\_\_\_\_

Does this time of day work for you? Y/N

Would a different time work better? Y/N If so, when: \_\_\_\_\_

You will be emailed a membership application if an email was provided to us.

Do you plan to apply and return it? Y/N

Any questions you would like answered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like a personal response to this question? Y/N

If so, please provide your name & email address: \_\_\_\_\_

\_\_\_\_\_

\*Please Return this to Hannah Helander: [hhelander@northlandsped.org](mailto:hhelander@northlandsped.org) or 1201 13th Ave. S, Virginia, MN 55792