

POLICY REVIEW FORM

Your Name (optional)

Policy Name

Rate the **content** of this policy (1 = poor, 5 = excellent):

1 2 3 4 5

Your feedback about the content of this policy

Rate the **implementation** of this policy (1 = poor, 5 = excellent):

1 2 3 4 5

Your feedback about the implementation of this policy

Thank you for your input. Please deliver this form to the school office.

Office use only

Go to your SchoolDocs website, search for the named policy, and click Policy Review to enter the details from this form.

Entered by

Date

/ /