

NED SOP FEEDBACK SURVEY

For: Chapter Show Chairperson, President or Director

Date of Annual Show:

Return this feedback survey to: Dianne Tortorelli-Brooks P O Box 714 Glens Falls, NY 12801 518-534-0968 tdbrooks07@msn.com

Chapte	er:			Date of Annual Show:										
develo		t will	be so									pters in the NED e would like to k		
You ar	re invited to	comp	lete a	short	satisf	action	surve	ey coı	nsistin	ng of a few qu	uestions.			
Your f	eedback is v	ery ir	nport	ant to	us and	d we r	eally	appre	ciate	your time.				
Thank	you in adva	ince.												
~ N	ED Standing	g Ovai	tion C	Chair										
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Please	take a mom	ent to	answ	ver the	se fiv	e brie	f ques	stions	: (plea	se circle &/or c	check your answe	er)		
1.	Did the rev	viewe 2	r com	nmunic 4	cate w	rith yo 6	u in a 7	time.	ly mar 9	nner that he/s 10 Excellent	she would be r	reviewing your sh	now?	
2.	How long after your show was it before you received the review? 1 week 2 weeks 3 weeks Over a month Never received													
3.	Did the rev	view p	rovid 3	e you	with l	nelpfu 6	l reco 7	mme	ndatio 9	ons on how to	improve you	r next show?		
	Very Poor	2	3	4	3	O	/	0	9	Excellent				
4.	Would you	recor	nmer	nd the S	Stand	ing O	vation	Prog	ram t	o other chapt	ters?			
	1 Very Poor	2	3	4	5	6	7	8	9	10 Excellent				
5.	•	-			•			-		[] Yes		If no, please		
6.	6. Would you prefer the same reviewer or another reviewer? [] Same [] Another [] Doesn't matter													
Additi														