



School Support Council

Superintendent Questionnaire

Name _____ **Date** _____

School _____ **Email** _____

State your question/comment for the Superintendent and submit the form. Questions that pertain to individual school will be answered by the school Principal.

SSC Signature _____ **Date** _____

Principal's Signature _____ **Date** _____

The Superintendents response will be reported at the following monthly School Support Council meeting.