



S'cool Moves Feedback Form

This form was completed by: _____

My role is: Classroom Teacher Special Education Teacher Speech Teacher One-on-one Aide
 Physical Education Teacher Counselor Therapist Student Parent Other

1. Did using S'cool Moves program make you feel like you had more strategies/tools to succeed?

strongly agree agree disagree strongly disagree

2. After using S'cool Moves activities, did participation improve in:

reading writing spelling math movement activities PE recess
 class discussions other _____

3. After using S'cool Moves did you see an improvement in:

paying attention self-regulation positive attitude endurance for seat work
 academics overall other _____

3. Do you feel more successful in your role?

Yes No, please explain _____

4. What S'cool Moves activities did you use?

Minute Moves Routines Focus Moves Posters Focus Finder Desk Strips
 Butterfly 8 Desk Card Rapid Naming Dots Heavy Work Bands

If completing this form for a particular student, did the student have IEP goals? If so, did S'cool Moves help meet those goals? Yes No, please explain _____

5. Is there something you would like to see changed in the way I presented activities in your classroom?

No Yes, please explain _____

Additional Comments: _____

Thank you for providing me with valuable feedback!