



Southwick-Tolland-Granville Regional School District  
STUDENT EXIT SURVEY

STGRSD School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

School Transferring To: \_\_\_\_\_

We are committed to continuous improvement and would appreciate your input. Please take a few minutes to complete this questionnaire and promptly return this to your child's school office.

1. How long has your child been enrolled in the Southwick-Tolland-Granville Regional School District?

\_\_\_\_\_

2. Please indicate your overall satisfaction with STGRSD: (1 being low and 5 being high)    1    2    3    4    5

3. Was school staff responsive to your concerns and/or questions while at STGRSD?    YES    NO

If yes, please check all that apply:

\_\_\_\_\_ Administration    \_\_\_\_\_ Guidance    \_\_\_\_\_ Teacher    \_\_\_\_\_ Other

If other, please indicate who: \_\_\_\_\_

4. What are your reasons for changing school districts?    Check all that apply

\_\_\_\_\_ Moving    \_\_\_\_\_ Vocational  
\_\_\_\_\_ School Choice    \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Private Education/College Prep

5. Please indicate specific reasons for your decision to change schools.    Check all that apply

\_\_\_\_\_ More Advanced Math/Science options    \_\_\_\_\_ School Choice  
\_\_\_\_\_ Stronger Music/Art/Drama program    \_\_\_\_\_ Better quality of staff  
\_\_\_\_\_ More Foreign Language offerings    \_\_\_\_\_ More access to Technology  
\_\_\_\_\_ Higher academic expectations    \_\_\_\_\_ Sports not currently offered  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

6. Do you have any additional feedback that you would like to share with us?    Yes    No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address While In District: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Southwick-Tolland-Granville Regional School District values your input.  
Thank you for participating in this survey.