P.O. BOX 170301 SAN FRANCISCO, CA 94117 (415) 294-0656



## Parent Evaluation: Tell us about your experience at GGP You do not have to sign your name if you don't want to.

1.	How long has your child been enrolled in GGP?	
2.	What instrument does your child play?	
3.	What orchestra level did your child start in?	
4.	What orchestra level is your child in now?	
5.	Why did you join GGP? (Check all that apply.)	
	☐ To learn to play a string instrument	
	☐ For an ongoing musical education	
	☐ To play in a chamber group/orchestra	
	☐ To round out my resume	
	☐ Other	
6.	Are we meeting your expectations in each area? If no	ot, where and how is GGP falling short?
7	Does your child have other activities of equal or great	er priority? If so, please list and describe
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		er priority? If so, please list and describe.
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8.	In what areas are you most pleased with GGP?	
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8.	In what areas are you most pleased with GGP?	
8.	In what areas are you most pleased with GGP?	our family?
9.	In what areas are you most pleased with GGP?  What could we do to make GGP better for you and you	our family?

To discuss anything involving your participation in GGP, please contact us at <a href="mailto:office@ggph.org">office@ggph.org</a>.

