

**LET US KNOW**

1. Was the material in this booklet helpful to you?  
\_\_not at all helpful \_\_somewhat helpful \_\_helpful \_\_very helpful

2. What information was most helpful to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you sign the Parent Pledge?  
\_\_Yes \_\_No, I don't have any children  
\_\_No, but I plan to \_\_No, I do not plan to

4. Do you need additional information or help? \_\_No \_\_Yes  
Yes, please contact me \_\_\_\_\_  
\_\_\_\_\_

5. If yes, what do you need? \_\_\_\_\_

Zip Code \_\_\_\_\_ Number of Children \_\_\_\_\_

