



ENCHANTED CIRCLE THEATER

Infusing Arts and Education

PARENT SURVEY: SHUTESBURY ELEMENTARY SCHOOL – SWITCH ON THE NIGHT

Name (optional): _____ **Date:** _____

Please take a moment and reflect on one of the following questions:

1. How do you feel this arts integration experience enriched your child's education?
2. Did your child share any of her or his experiences participating in the program?
3. What activities, lessons, or elements of the programs did your child find most engaging?
4. Was this experience useful to you as a parent? How?