





We will make every effort to protect privacy but can't guarantee total anonymity if you include personal information. We are collecting this information to help us identify barriers to GVSD services. Section 26(c) of the Freedom of Information and Protection of Privacy Act permits this collection.



1. Which group do you most identify with?

Student with an accessibility need

Parent/caregiver for a student with an accessibility need

Greater Victoria School District staff member supporting student(s) with accessibility needs

External service provider/therapist supporting student(s) with accessibility needs

Parent/caregiver with an accessibility need

Greater Victoria School District staff member with an accessibility need

Student without an accessibility need

Other: _____



2. What feedback would you like to provide about the



Please provide your name, email, or phone number if you would like to be contacted (optional).

Name:

Email:

Phone:

Please return this form to the office at your local Greater