**District Name:**

**Contact #1:**

**Contact #2:**

**What have you currently been using eDoctrina for in your district :**

**\_\_\_ Unit Plans \_\_\_ SLOs**

**\_\_\_ Lesson Plans \_\_\_ Observations

\_\_\_Assessments \_\_\_ Other**

**What would you like to use eDoctrina for in the future?**

**What do you like most about eDoctrina?**

**Do you have any enhancement requests?**

**Do you feel that you are receiving adequate training and support? (Circle rating 1-5.)**

 **1 2 3 4 5**

**Poor Outstanding**

 **Do you feel your district needs more training on the use of eDoctrina?**

**\_\_\_Yes
\_\_\_ No**

**If yes, please let us know what type of training you feel would be beneficial.**

**Do you have any other comments or concerns? *:***