! !! "#\$!%#&'!()'*+),!-,./&/0/1!23!45&67!8/079!:);!8'5226! !! ! !!!<1.1)#'5!=#2'170#1.!%>)60)/&2,!?2#+	
Please complete and return this form to the ICS Research Coordinator.	
1. Did you feel the application process met your needs?	
2. What information was most important to have before beginning your research?	
3. Was there information that you received which was unclear or lacking?	
4. Did any of the staff do special things you felt resulted in a smoother transition for you and t children?	he
5. Did anything happen that you felt hindered this transition?	
6. Any additional comments or suggestions?	
Name (optional) Date	