Evaluation—Long

Take a moment to let us know what you think.  
Please fill out the evaluation below.  
[Program name and date]

How old is your child? __________________________________________________________

How many programs did you and your child attend? __________________________________

What did you like best about the program(s)? ______________________________________

________________________________________

What did you like least about the program(s)? ______________________________________

________________________________________

Did the program(s) meet your expectations? ________________________________________

________________________________________

Have you used any of the ideas presented at home? __________________________________

________________________________________

Were the materials suitable for the age range? ______________________________________

________________________________________

Was the time relatively convenient? ______________________________________________

________________________________________

If offered again, would you attend? ______________________________________________

________________________________________

Please include any suggestions and/or comments you may have: ______________________

________________________________________

________________________________________

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