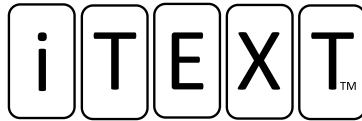


# We Value Your Opinion!



Date: \_\_\_\_\_

## FAMILY EVALUATION

Host School: \_\_\_\_\_ Principal: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

### How Was Our Program?

Please circle one number to rate each category below:

	Excellent	Very Good	Good	Fair	Poor
Topic/Information	5	4	3	2	1
Handouts and Other Materials	5	4	3	2	1
The Presenter(s)	5	4	3	2	1
Opportunity to Participate, Discuss, and Ask Questions	5	4	3	2	1
Questions Adequately Answered	5	4	3	2	1

Overall was this program useful to you?  Yes  No  Somewhat  
Would you recommend this program to other families?  Yes  No  Maybe

What did you like the most about the program?

\_\_\_\_\_

What is one valuable thing you learned?

\_\_\_\_\_

What ages are the children in your household? Please check off your child's grade level.  
(Check all that apply.)

3rd grade  4th grade  5th grade  6th grade  7th grade  8th grade  Other \_\_\_\_\_  
(Please list.)

Comments: \_\_\_\_\_

\_\_\_\_\_

Thank you!