

Active Parenting Class Evaluation

Date: _____ Name (optional): _____

Leader: _____ How many sessions did you attend? _____

Please rate this workshop by circling the appropriate number according to the following scale.

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Not Applicable = NA

Setting: 4 3 2 1 NA Parent's Guide(s): 4 3 2 1 NA

Leader's Presentation: 4 3 2 1 NA Home Assignments: 4 3 2 1 NA

Videos: 4 3 2 1 NA Overall Experience: 4 3 2 1 NA

Did you receive a Parent's Guide and/or Workbook? Was it useful? _____

Did the technology (video, PowerPoint, etc.) add or detract from the class? How? _____

Which home assignments were most useful to you? _____

Did the Leader provide enough time for discussion? _____

Were the activities during class useful? Why, or why not? _____

Did you receive a Certificate of Completion at the end of the class? Yes No

What were the most helpful aspects of the program? _____

What could be improved? _____

Would you recommend this class to a friend? Yes No

Why, or why not? _____

Would you attend another Active Parenting class conducted by this Leader? Yes No

Why, or why not? _____

Thank you for taking the time to complete this evaluation. Your input helps us to ensure the best experience possible.