

Parent FEEDBACK FORM

Thank you for taking the time to provide your feedback.
Your input is valuable in helping us improve!

Name:

Date:

HOW WAS YOUR CHILD'S EXPERIENCE TODAY?

Please mark your selection in the box



Excellent

☐


Good

☐


Average

☐


Fair

☐


Not Good

☐

PLEASE RATE THESE ASPECTS OF YOUR VISIT

Please mark your selection in the box



How satisfied were you
with today's workshop?

Excellent

☐

Good

☐

Average

☐

Bad

☐

Poor

☐

Did your child enjoy the
activities?

☐
☐
☐
☐
☐

Was the workshop environment
safe and welcoming?

☐
☐
☐
☐
☐

Were the workshop activities
suitable for your child's age?

☐
☐
☐
☐
☐

Overall, how would you rate
today's workshop?

☐
☐
☐
☐
☐

How can we improve?

Thank You!

