HAPPI 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 HAPPI 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.