

Family-School Partnership Evaluation

Name of Activity: _____ Presenter: _____

Date: _____ Time: _____ School: _____

1. What is your role? (circle all that apply)

Parent Educator Para-educator Head Start Administrator Other _____ Service Provider

How would you rate:

	Terrible	Poor	Okay	Good	Great
2. The usefulness of the activity	1	2	3	4	5
3. The handouts	1	2	3	4	5
4. The activity overall	1	2	3	4	5

5. Did this activity teach you new skills that you can use?

	No	Probably Not	Maybe	Probably	Yes, Definitely
5. Did this activity teach you new skills that you can use?	1	2	3	4	5
6. Would you recommend this activity to other schools?	1	2	3	4	5

6. Would you recommend this activity to other schools?

7. What was the best thing about this Family Activity? (use back of page if you need more room)

8. How could this activity be improved? (structure, content, time of day)

Optional:

Name:		
Email:	Phone:	
Would you like to receive the newsletter?	Yes	No I already do
If yes, please include mailing address:	Mailing Address:	
	City, State, Zip	

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