

kids with courage

Parent's Feedback Sheet

Your name (optional): _____

Where there any specific sessions that impacted your child more than others?
Please indicate which session/s and what change/s you noticed:

Session 1. Feelings

Session 2. Boundaries

Session 3. Social Skills

Session 4. Grief & Loss

Session 5. Fear & Worry

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Session 6. Self Esteem

Would you suggest improvements to any of the following areas of the course?

1. The material Yes / No

Details:

2. The activities Yes / No

Details:

3. The Topics covered Yes / No

Details:

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Parents Information:

1. Did you find the children's workbooks a useful tool to open up discussion after the sessions and during the week?
Yes/ No

Details:

2. Would you like to be informed about upcoming events and programmes?
Yes/ No

3. Are there any further questions or comments you would like to make?

- Did you notice any changes in your child's behaviour during the course?
Yes / No

Details:
