

parents with courage feedback sheet

Would you kindly take a few moments to answer these questions.
Your opinion and experience is valued.

Name of Facilitators: _____

Title of program: _____ Your name: _____
(optional)

1. Quality of the teaching: Circle the appropriate number on the scale below.

 1 2 3 4 5  6 7 8 9 10 

Comments: _____

2. Experience in the group: Quality of the group experience.

 1 2 3 4 5  6 7 8 9 10 

Comments: _____

3. Ability of your facilitators to keep the group moving:

 1 2 3 4 5  6 7 8 9 10 

Comments: _____

4. Personal Growth: I experienced the following:

A better understanding of my children and their differences



Comments: _____

An Increase in capacity to face challenges in my parenting



Comments: _____

An Improvement in family relationships



Comments: _____

A positive change in my relationship with God



Comments: _____

5. Do you feel better equipped to parent your children?

Any additional comments: _____

WE APPRECIATE YOU TAKING THE TIME TO FILL THIS OUT.

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