

SAMPLE EVALUATION

Title: _____ Presenter: _____
 Date: _____ Time: _____ Place: _____

I am a (please circle): _____ Parent _____ School staff _____ Administrator
 _____ Service Provider _____ Church leader _____ Other: FAMILY MEMBER

How would you rate: Please circle your answer	Great	Good	Okay	Poor	Terrible
1. The meeting overall...	5	4	3	2	1
2. The usefulness of the meeting...	5	4	3	2	1
How would you rate: Please circle your answer	Yes	Probably	Maybe	No	
3. Did this meeting teach you information that you can use...	4	3	2	1	

4. List two (2) things you learned in this meeting that you are going to use at home/church with your family(ies).

1. _____

2. _____

5. Can we contact you at a later date to ask you more questions?

Please check one **Yes** **No**

Name _____ Phone# _____