

Parent Activity Evaluation Form

Shelby Public School District

Thank you for participating in our parent activity, program, training or meeting at Shelby Public Schools! We would love for you to take a few minutes and evaluate your experience today. We value your feedback!

Name of Activity: _____

Date of Activity: _____

I heard about this activity by:				
A flyer sent home	Newsletter	Phone Call	A Teacher	Another Parent
The activity was about:				
Math	Reading	Writing	Other	
Was food provided before, during, or after this activity?			Yes	No
Was childcare provided for this activity?			Yes	No
Were interpreters for non-English speaking parents provided?				
			Yes	No
I learned:				
Nothing	A Little	Some	Quite a Bit	A Lot
How confident are you about helping your child(ren) after the activity?				
Not very	A Little	Some	Quite a Bit	A Lot
Would you attend similar activities?			Yes	No
Would you recommend this activity to another parent?			Yes	No
What other activities would you like to have offered for parents through your children's school?				

What days/times are best for you to attend parent activities?

Days: M T W Th F

Times: Morning

Afternoon

Evening

Additional comments or suggestions:

THANK YOU!