



# Family Learning Evaluation Form

## 1. What did you think of the class overall?

Please circle one of the numbers below:

1

2

3

4

5



## 2. Before this course how confident did you feel about it?

Please circle one of the numbers below:

1

2

3

4

5

Not confident

Quite confident

Very confident

## 3. After the course, how confident do you feel about it now?

Please circle one of the numbers below:

1

2

3

4

5

Not confident

Quite confident

Very confident

## 4. Have you learned any new skills?

Please circle one of the numbers below:

1

2

3

4

5

No new skills

Maybe some new skills

Definitely yes

## 5. Would you recommend this course to a friend?

Please circle one of the numbers below:

1

2

3

4

5

No

Possibly yes

Definitely yes

## 6. Would you attend other courses like this?

Please circle one of the numbers below:

1

2

3

4

5

No

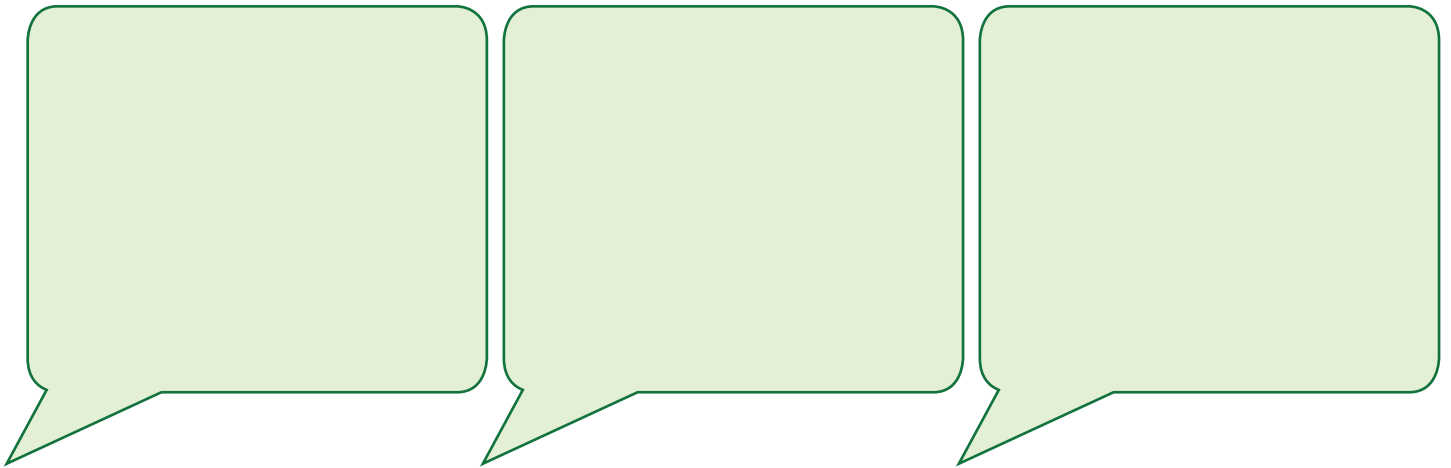
Possibly yes

Definitely yes

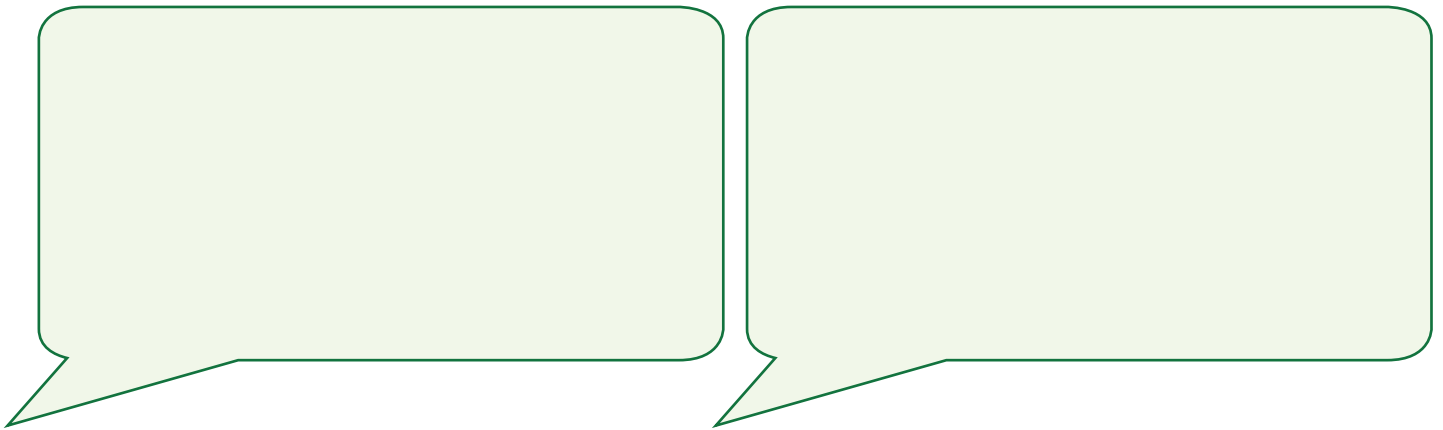


# In your own words/images, can you say...

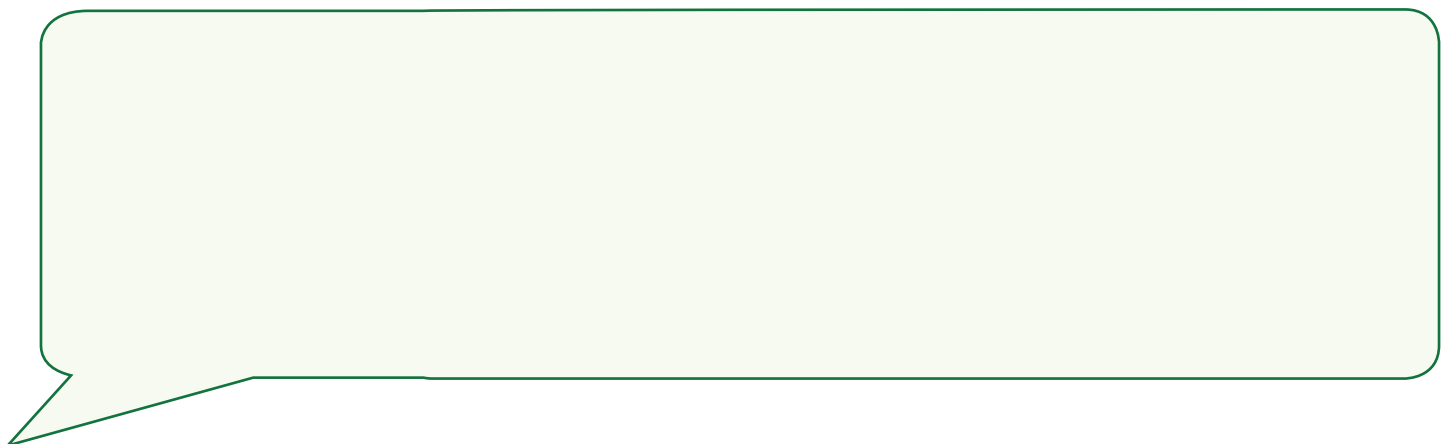
Three things about what I have enjoyed/gained from the course...

Three light green speech bubble boxes with a dark green outline, arranged horizontally. Each bubble has a pointed tail at the bottom left corner.

Two things you might change to improve the course...

Two light green speech bubble boxes with a dark green outline, arranged horizontally. Each bubble has a pointed tail at the bottom left corner.

One difference the course made to you and your family...

A large light green speech bubble box with a dark green outline, positioned horizontally. It has a pointed tail at the bottom left corner.

Name: ..... Contact Number .....

I would like to learn more about:

.....  
.....