

Parent Activity Evaluation Form

Name of School: _____

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 don't know

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/time are best for you to attend parent activities?

Days: M T W Th F Times: Morning Afternoon Evening

THANK YOU!