



## Parenting Support Workshops: Workshop Evaluation

**\*\*\*\*Confidential\*\*\*\***

Please help us evaluate our programs by completing this survey and returning it to the person collecting this form in the envelope provided and seal it. Clients are also offered the option of mailing their responses directly to the First 5 Fresno office located at: 550 E Shaw Ave., St. 215, Fresno, CA 93710. All information is confidential and will not be associated with your name.

<b>Parent Information</b>				
<b>First Name:</b> _____		<b>Last Name:</b> _____		
	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
<b>WS01.</b> I can use what I learned today with my child.				
<b>WS02.</b> The teacher related to my life experience.				
<b>WS03.</b> I felt comfortable asking questions				
<b>WS04.</b> The room was comfortable				
<b>WS05.</b> The handouts were useful.				
<b>WS06.</b> I would recommend this workshop.				
<b>This workshop.....</b>				
<b>WS07.</b> Will impact how I interact with my child.				
<b>WS08.</b> Increased my knowledge of how my child is growing and developing.				
<b>WS09.</b> Increased my skill in handling my child's behavior.				
<b>WS10.</b> Increased my knowledge of resources in the community I can turn to.				
<b>WS11.</b> What was the MOST valuable thing about this workshop?				
<b>WS12.</b> How will you use what you have learned in this workshop?				
<b>WS13.</b> How could we make this workshop better?				
<b>WS14.</b> What subjects should be offered in future workshops?				
<b>WS15.</b> How did you hear about this workshop?				
<input type="checkbox"/> A newsletter <input type="checkbox"/> A friend, relative, neighbor <input type="checkbox"/> Through my home visitor or school readiness staff <input type="checkbox"/> Saw flyer at a school site or Community Resource Center <input type="checkbox"/> Other: _____				
<b>WS16.</b> Parent/Guardian Race/Ethnicity (Check ONE box):				
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hmong <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other / Unknown: _____				