

# Participant Evaluation Tool



Name \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. When you first started, what were the goals you hoped the program would help with?

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2. How well did the program help you with these goals?

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3. What changes have you noticed in your child, during your participation in the program?

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4. What changes have you noticed in you?

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# Participant Evaluation Tool



5. What changes have you noticed in your relationship with your child since you started the program?

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6. What does the future look like for you and your child now, as a result of the program?

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7. How could we improve the program?

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8. Would you recommend this program to other people? Yes/No

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# Participant Evaluation Tool



Circle the rating below that makes most sense to you

I liked the service that I received

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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The activities in the program were helpful

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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The facilitators were understanding

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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The facilitators made me feel welcome

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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I have put into practice what I learnt during the program

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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I felt supported by the other parents who were part of the program

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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I know more about the importance of the first 1000 days than I did before I took part in the program

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Sure
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Declined to participate

