

Participant Evaluation Tool



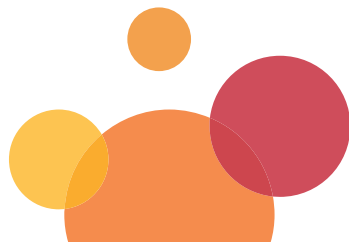
Name _____ Date: ____/____/____

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

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

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

4. What changes have you noticed in you?



Participant Evaluation Tool



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

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

7. How could we improve the program?

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



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

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