

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 the 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 the child since you started the program?

6. What does the future look like for you and the child now, because 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

The activities in the program were helpful

Strongly Disagree

Disagree

Undecided Agree

Strongly Agree

Not Sure

The facilitators were understanding

Strongly Disagree

Disagree

Undecided Agree

Strongly Agree

Not Sure

The facilitators made me feel welcome

Strongly Disagree

Disagree

Undecided Agree

Strongly Agree

Not Sure

I have put into practice what I learnt during the program

Strongly Disagree

Disagree

Undecided Agree

Strongly Agree

Not Sure

I felt supported by the other carers who were part of the program

Strongly Disagree

Disagree

Undecided Agree

Strongly Agree

Not Sure

Declined to participate

