PARENT FEEDBACK QUESTIONNAIRE

(refers only to the group just completed)

KEY 1 no 3 somewhat 5 yes

Do you understand the skill we covered today?	1	2	3	4	5
Does this skill apply to some of your challenges?	1	2	3	4	5
Do you have enough information to use this skill at home or in the community?	1	2	3	4	5
Were you heard by the group members?	1	2	3	4	5
Were you heard by the leaders?	1	2	3	4	5

What did you find most beneficial about today's group? (Circle as many as apply)

Relaxation	Practice review	Goal practice review
Skill introduction	Leader role-play	Role-playing
Debrief role-play	Practice planning	Handouts
Group support	Leader support	being with other parents

Other (please describe) _____

_____

_____

What is one thing that you would like to change about the group? (Circle ONE)

Relaxation	Practice review	Goal practice review
Skill introduction	Leader role-play	Role-playing
Debrief role-play	Practice planning	Handouts
Group support	Leader support	Being with other parents

Other (please describe) _____

What would you do differently?

_____

_____

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11-May-13