



SNAP® GIRLS GROUP PARENT/CAREGIVER EVALUATION FORM

Date: _____

Child Development Institute is interested in receiving your feedback about the parent/caregiver groups you attended. To help us make the groups most useful for parents/caregivers in the future, please complete this confidential evaluation.

1 In general, how satisfied were you with the parent group? *Please circle one.*

Extremely Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Undecided	Somewhat Satisfied	Satisfied	Extremely Satisfied
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2 For this group, what was your goal?

3 Do you believe you achieved your goal?
Please circle one.

Strongly Agree	Agree	Disagree	Strongly Disagree
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Has participation in the group....

4 led to a better understanding of your child's problems? *Please circle one.*

Yes Somewhat No

5 led to a better understanding of your child's strengths? *Please circle one.*

Yes Somewhat No

6 made you feel more confident as a parent/caregiver? *Please circle one.*

Yes Somewhat No

7 improved your relationship with your child? *Please circle one.*

Yes Somewhat No

8 Which skills or topics were most helpful to you? *Please check (✓) 5 from the list below.*

- Tracking
- Effective Directions
- Time Out
- Hard Thoughts
- Charting & Rewarding
- Healthy Relationships
- SNAP®
- Problem Solving (PASTE)
- Social Bullying

9 Which parts of the group were most helpful to you? *Please check (✓) 3 from the list below.*

- Relaxation
- Discussion of a new skill
- Joint parent-child session
- Group review of parents'/caregivers' home practice
- Home practice
- Goal review
- Role-playing
- Mid-week phone call
- Modelling (leader role-play)

10 What did you like most about the parent/caregiver group?

11 _____
What did you like least about the parent/caregiver group?

12 _____
What suggestions do you have about improving the group?

Please feel free to continue your comments on the back of this page. *Thank you for your feedback!*