

feedback!

SNAP® BOYS PARENT/CAREGIVER GROUP EVALUATION FORM

Date	:
pare	d Development Institute is interested in receiving your feedback about the nt/caregiver groups you attended. To help us make the groups most useful for nts/caregivers in the future, please complete this confidential evaluation.
1	In general, how satisfied were you with the parent/caregiver group? Please circle one.
	Extremely Dissatisfied Somewhat Undecided Somewhat Satisfied Extremely Dissatisfied Satisfied
2	For this group, what was your goal?
3	Do you believe you achieved your goal? Strongly Agree Agree Disagree Strongly Disagree
4	Has participation in the group led to a better understanding of your child's problems? <i>Please circle one</i> .
5	led to a better understanding of your child's strengths? <i>Please</i> circle one. Yes Somewhat No
6	made you feel more confident as a parent/caregiver? <i>Please</i> circle one. Yes Somewhat No
7	improved your relationship with your child? <i>Please circle one</i> . Yes Somewhat No
8	Which skills or topics were most helpful to you? Please check ($$) 5 from the list below.
	 Tracking/Monitoring Listening & Effective Directions Stopping Stealing SNAP® Problem Solving (Time out)
	EncouragingHome/SchoolRelationsDealing withBullying
9	Which parts of the group were most helpful to you? Please check ($$) 3 from the list below.
	Stretch & Relaxation Review of parents'/caregivers' Role-playing homework
	Discussion of new skill Homework Review of child's group topi
	Joint parent/child session
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?
Plea	se feel free to continue your comments on the back of this page. <i>Thank you for your</i>