



SNAP® GIRLS GROUP PARENT EVALUATION FORM Date: _____

Child Development Institute is interested in receiving your feedback about the parent groups you attended. To help us make the groups most useful for parents 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

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

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? *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 (v) 5 from the list below.*

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

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

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

10 What did you like most about the parent group?

11 What did you like least about the parent 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!*