

Parent's Session Evaluation Form
for parents in the **16 Session Group-Based Program with Seven Home Visits**
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Name: _____ **Session #:** _____ **Date:** _____

Instructions: Please respond to each of the following statements. Rate the degree you feel you learned the lesson competencies. An honest response will help your teachers know if they need to re-teach some part of the class, provide you with one-on-one tutoring, or move on to the next class. Your teachers want to make sure you are learning the material. In statement 2, rate today's class on a scale of 5 to 1. In statements 3, 4, and 5 tell us what you liked, didn't like and improvements you would make to the session.

1. Complete the following table by rating how well you understand or can use each competency. Refer to the list of competencies posted on the flip chart.

	Not at all	A little bit	Pretty good	Really well
Competency #1:	0	1	2	3
Competency #2:	0	1	2	3
Competency #3:	0	1	2	3
Competency #4:	0	1	2	3
Competency #5:	0	1	2	3

2. I rate today's class:
- | Great | Really Good | Average | Fair | Poor |
|-------|-------------|---------|------|------|
| 5 | 4 | 3 | 2 | 1 |

3. One thing I liked about today's session was:

4. One thing I didn't like about today's session was:

5. Some suggestions to improve this class are:

Thanks for your comments. Please give your form to your teachers before leaving.