

PEACEMAKERS: PARENT EVALUATION

Please circle the number you feel best expresses your evaluation of each item.

1 = unsatisfactory 2 = satisfactory 3 = excellent

Thank You!

1) Topics of peacemaking discussed: 1 2 3

Additional Suggestions/Comments

2) Time of year: 1 2 3

Additional Suggestions/Comments

3) Day and time of the program: 1 2 3

Additional Suggestions/Comments

4) The length of the program, 6 weeks: 1 2 3

Additional Suggestions/Comments

5) The location of the program, Leahy: 1 2 3

Additional Suggestions/Comments

6) The weekly newsletters home: 1 2 3

Additional Suggestions/Comments

7) Carryover of learning to your family: 1 2 3

Additional Suggestions/Comments

8) Overall experience for your child: 1 2 3

Additional Suggestions/Comments

If the program was available next year would you be interested in having your children participate again? Yes No

Ideas, suggestions for the future:

NAME _____

CHILD'S NAME _____

1) What else would you have liked to include?

2) What should be eliminated or changed?

3) Suggestions for other settings or formats for Peacemakers Program

NAME _____

THANK YOU!