



Bright Beginnings Program Participant Evaluation

<p>We appreciate your taking the time to complete the following evaluation form. Please use the rating system shown on the right to assist you with completion of this form.</p>	<p>Needs work Excellent</p> <p>1 2 3 4 5</p>
<p>Program Content:</p>	
<p>What program/event did you attend?</p>	
<p>Location?</p>	
<p>How did you find out about this program/event?</p>	
<p>Did this program/event meet your expectations?</p> <p>In relation to program content?</p> <p>Choice of books?</p> <p>Choice of craft/activity?</p> <p>Choice of snack?</p> <p>Other?</p> <p>Comments:</p>	<p>NO YES</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>
<p>Convenience of program day and/or time</p> <p>Comments:</p>	<p>1 2 3 4 5</p>
<p>Was the facility adequate for this program/event?</p> <p>Comments:</p>	<p>1 2 3 4 5</p>

Usefulness of handouts	1	2	3	4	5
Was travel/transportation an issue for you in order to attend this program/event?	NO		YES		
Would you recommend this program to others?	NO		YES		
How would you rate the facilitator(s) of this program/event?					
Facilitator #1 _____	1	2	3	4	5
Facilitator #2 _____	1	2	3	4	5
How would you rate the childminder(s) of this program/event?					
Childminder #1 _____	1	2	3	4	5
Childminder #2 _____	1	2	3	4	5
Overall, how would you rate this program/event?	1	2	3	4	5
Comments?					
What changes, if any, would you suggest for future programs/events?					
Was our offer for child minding beneficial to you?	NO	n/a	YES		
Was this service available to you today?	NO	n/a	YES		
Did you use this service today?	NO	n/a	YES		
Were you pleased with care and activities provided for your child(ren) in care today?	1	2	3	4	5

Additional comments:

Thank you for taking the time to complete this evaluation.
Your comments will be taken to the Planning Committee for future programming and/or events.