



# Family Night

## Response Sheet

Please take a few moments to complete the following response form. Return completed forms at the welcome table or send them in with your child. Your feedback is important and will be used to assist in preparation for future family nights. Thanks!

- 1= Strongly Agree
- 2= Agree
- 3= Not certain
- 4= Disagree
- 5= Strongly Disagree

After reading each statement, please circle the numeral that reflects your feelings and corresponds to the above rating scale.

I feel that tonight's activities were worthwhile for my child and I.	1	2	3	4	5
Directions were clear and easy to follow.	1	2	3	4	5
The level of difficulty for tonight's activities was appropriate for my child.	1	2	3	4	5
There was adequate time to complete the centers our family wanted to do together.	1	2	3	4	5
Since working with my child tonight, I am more likely to do similar activities with my child at home.	1	2	3	4	5

Additional comments and/or suggestions:

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