

Group Connection Feedback Form

To help us make our program the best it can be, please complete this short survey by circling the number that best describes your experience. Your responses will be kept private. Thank you!

Please circle the number that best matches your response. Today's date: _____

	No, not at all	No	Somewhat	Yes	Yes, I totally agree
1. I learned new information about child development and parenting.	1	2	3	4	5
2. I plan to use the information in my daily life.	1	2	3	4	5
3. I feel more confident about parenting.	1	2	3	4	5
4. I felt my own personal knowledge was respected.	1	2	3	4	5
5. The group facilitators helped us learn from each other.	1	2	3	4	5
6. I feel more connected to other parents.	1	2	3	4	5
7. I would recommend this group connection to a friend.	1	2	3	4	5

The thing I liked best was:

The thing I'd like to change is:

During the next group connection, I would like information about:

