



Parent feedback

Group..... Week..... Date.....

	<i>Awful</i>	<i>Bad</i>	<i>OK</i>	<i>Good</i>	<i>Great</i>
	☹		☺		☺
1	1	2	3	4	5

How do you feel about today's session?
(Please circle a number)

	<i>Awful</i>	<i>Bad</i>	<i>OK</i>	<i>Good</i>	<i>Great</i>
	☹		☺		☺
2	1	2	3	4	5

How do you feel about the programme?
(Please circle a number)

3 What did you find useful or enjoyable this week?

4 What did you NOT find useful or enjoyable this week?

5 We would be glad to have any other ideas or comments.

THANK YOU VERY MUCH