

# HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 Hwy 149

Erin, Tennessee 37061

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## CHILD/FAMILY SERVICES PARENT COMMITTEE MEETING EVALUATION

Agency \_\_\_\_\_ Topic \_\_\_\_\_ Date \_\_\_\_\_

Overall Rating of Parent Meeting:	Excellent ( )	Good ( )	Fair ( )	Poor ( )
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Answer the following questions regarding the Parent Meeting:	<u>No</u>	<u>Somewhat</u>	<u>Yes</u>
1. Were the ideas clearly presented and easily understood?	( )	( )	( )
2. Were the ideas useful to you as a parent?	( )	( )	( )
3. Did the meeting give you enough information so you will use it in your role as a parent?	( )	( )	( )
4. As a result of this meeting, have you gained knowledge to improve parenting skills?	( )	( )	( )
5. Did you have enough time to ask questions?	( )	( )	( )
6. Do you feel your time was well spent at this meeting?	( )	( )	( )

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What suggestions do you have to improve future meeting?