

Hug-A-By Baby Evaluation Form

We enjoyed having you in our FIRST “Hug-a-By Baby” program. Please help us make this program the best it can be by filling out this form,

1. How old is your baby? Circle one.
2-3 months 4-5 months 6-7 months 8-9 months 10-11 months 11-12 months
2. How many Hug-a-By Baby programs did you attend? Circle one.
1 2 3 4 5
3. What did you like the best about the program?
4. What did you like least about the program?
5. Have you used any of the ideas at home? How did it work for you?
6. Did you think the songs and activities were appropriate for 2-12 month old babies?
7. What other parenting information would you like to hear about for 2-12 month old babies?
8. Suggestions for parenting books you would like to borrow?
9. Was the time (Tuesdays at 10:00am) convenient for you? Yes No
10. Would you and your baby come to this program again? Yes No
11. Suggestions and/or comments: