

Stepping Up Evaluation Form



Stepping Up

Learn Love Read

We enjoyed having you in our FIRST "Stepping Up" program. Please help us make this program the best it can be by filling out this form:

1. How old is your child? (Circle one)

10-12 months 12-14 months 14-16 months

16-18 months 18-20 months 20-22 months 22-24 months

2. How many *Stepping Up* programs did you attend? (Circle one)

1 2 3 4 5 6 7 8

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. Were the songs and activities appropriate for 1-2 year old children?

7. What other parenting information would you like to hear about for children?

8. Suggestions for parenting books you would like to borrow?

9. Was the time (Tuesdays at 11:00am) convenient for you? Yes No

10. Would you and your child come to this program again? Yes No

Suggestions and/or comments: _____

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