



the northern centre
the new ryde family services
care. connect. grow.
our community

The Northern Centre Feedback Form:

Parenting program

Date: _____

Name: _____

Parenting program: _____

Please circle your preferred response.

1. This program met/exceeded my expectations.

Strongly Disagree *Disagree* *Agree* *Strongly Agree*

2. I learnt new things to help me with parenting.

Strongly Disagree *Disagree* *Agree* *Strongly Agree*

3. I know more about services or other things in my community for children and families as a result of participating in the parenting program.

Strongly Disagree *Disagree* *Agree* *Strongly Agree*

4. I feel more confident in parenting as a result of what I've learnt during the parenting program.

Strongly Disagree *Disagree* *Agree* *Strongly Agree*

5. My relationship is improving with my child/ren as a result of what I've learnt in the parenting program.

Strongly Disagree *Disagree* *Agree* *Strongly Agree*

Comments: _____

Thank you for taking the time to complete this feedback form. Your feedback is essential to the ongoing development of our programs.

