



Culture Drop Supported Playgroup

Date:

Name:

Please circle your preferred response.

As a result of participating in this group:

5. I feel confident to attend a local playgroup.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

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

Strongly Agree Agree Not Sure Disagree Strongly Disagree

2. I learnt new things about services or other things in my community for children and families

Strongly Agree Agree Not Sure Disagree Strongly Disagree

3. I feel more confident in parenting.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

4. My relationship with my child/ren has improved or will improve.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

5. What did you like about the weekly newsletter?

Easy to read Useful child health & development Information Good family activity ideas Other:

6. Did you like receiving your weekly phone call? Yes / No

Why?

Please share anything you think could improve this program:

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

