



Tuning in to Kids Parenting Program

Date:

Name:

Please circle your preferred response.

1. Would you recommend this program to other parents?

Yes Not Sure No

As a result of attending this program:

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

Strongly Agree Agree Not Sure Disagree Strongly Disagree

3. I know more about services or other things in my community for children and families.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

4. I feel more confident in parenting.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

5. My relationship is improving with my child/ren.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

Do you have any feedback about 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.

