**Family Advocacy Playgroup Evaluation**

**Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle your answer.**

**Age of child:**

**0-6 months 7months-1year 2 years and above**

**Child’s gender**

**Female Male**

**How many playgroups have you and your child attended?**

**0-3 4-11 12 or more**

**I felt informed about the program’s goals, schedule, and special events being offered? (1 Not at all to 5 Always)**

**1 2 3 4 5**

**The program has helped me meet other parents?**

**Yes No**

**Do you and your child socialize with other parents from playgroup outside of the playgroup?**

**Yes No**

**Has this program help you develop a support system with some of these parents?**

**Yes No**

**What is your overall rating of this program? ( 1 Extremely Poor to 5 Excellent)**

**1 2 3 4 5**

**Would you recommend this program to other parents?**

**Yes NO**

**What do you like about this program?**

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**What would you change about this program?**

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