

PARENT SATISFACTION SURVEY

Your child's age:.....Name of seminar:.....

Date of seminar:.....Presenter's name:.....

1. How would you rate the quality of the seminar presentation?

1	2	3	4	5	6	7
Poor						Excellent
2. Did the seminar provide sufficient opportunities for questions?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
3. Was the seminar interesting to you?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
4. Did the presenter use clear examples to illustrate parenting issues?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
5. Did the presenter provide clear explanations?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
6. Did you gain sufficient knowledge or information to be able to implement the parenting advice you heard about?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
7. Overall, how would you rate the content of the seminar?

1	2	3	4	5	6	7
Poor						Excellent
8. Was the seminar helpful in gaining an understanding of what you can do to help your child learn new skills and behaviour?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
9. Was the parenting tip sheet you received useful?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely
10. Do you intend to implement the parenting advice you received?

1	2	3	4	5	6	7
No, definitely not						Yes, definitely

Client Code:

____ _
First 3 letters of
your first name

____ _
First 2 letters of
your last name

____ _
Your birth month
(Ex: July = 07)

____ / ____
Oldest child's birthdate
(Ex: July 8th = 07/08)