PARENT'S EVALUATION OF THE LEARNING WEB PROGRAM

Location:	
Mentor:	
Staff:	

Apprentice:	
Date:	

This evalution will help us judge the nature of your child's experience and to help us improve the program. Please feel free to contact me with any questions or further comments you might have. We appreciate your help.

Sally Schwartzbach
Associate Director

1. What did you hope your child would get out of the program?

2. Did s/he get what you hoped s/he would? How can you tell?

1	2	3	4	5
Did not meet Expectations		Met Expectations		Exceeded Expectations

Comments:

3. What other effects did participation in the program have on your child (new discoveries, self-confidence, skills, work habits, attitudes, skill in relating to others, knowledge on the community, etc.)?

see other side

4. Please indicate your child's level of satisfaction on the scale below. What did s/he communicate with you about his or her satisfaction with their activities?

1	2	3	4	5
Dissatisfied		Satisfied		Very Satisfied

5. Do you have any comments, positive or negative, about the situation in which your child was participating? The person(s) with whom s/he was participating?

6. Do you have any comments, positive or negative, on the performance of the Learning Web staff?

7. Would you have your child participate in a program like this again? Why or why not?

8. Is there something you would be willing to teach to a youth through the Learning Web? If so, what is it?

_____
Parent's Signature

_____
Date

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