

Date:

Participant Adult's Name

First:

Middle:

Last:

ELS' Name

First:

Last:

Instructions: For each question below, select the number or option that best represents how you feel about the given question. For questions 1-5 and 8, use the three points to help you decide.

1. How would you rate your overall experience in the program?

1

2

3

4

5

Needs
improving

Average

Excellent

2. How would you rate your experience working with your ELS?

1

2

3

4

5

Needs
improving

Average

Excellent

3. How would you rate how well your expectations of the program were met?

1

2

3

4

5

Below

Met

Above

4. How culturally appropriate were the materials you received?

1

2

3

4

5

Inappropriate

Neutral

Appropriate

5. How age and developmentally appropriate were the materials you received?

1

2

3

4

5

Inappropriate

Neutral

Appropriate

6. What part of the program did you enjoy the most? Select one.

Additional resources given

Dedicated time for my child and me

Length of visit

Referrals to other services

- Relationship with ELS
- Other
- VISM (books and toys)

7. What part of the program did you enjoy the least? Select one.

- Additional resources given
- Length of visit
- Relationship with ELS
- Other
- Dedicated time for my child and me
- Referrals to other services
- VISM (books and toys)

8. How likely are you to recommend ParentChild+ to other families?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Very unlikely		Neutral		Very likely

9. What could the program offer to further enhance your experience?

10. Do you have any further comments, questions, or concerns?