

PLANNING FOR CHILDREN I FEEDBACK SURVEY

Activity	Poor	Fair	Good	Very Good	Excellent
In Their Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same Gender Conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What is your overall rating of this session? Please put an “x” under your answer.

Poor	Fair	Good	Very Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did the timing work for this session?

- Worked just fine
- These activities took more time than allotted _____
- These activities took less time than allotted _____

2. If you were running out of time and had to skip or shorten an activity in this session, which would it be?

3. Which activities did/would you adapt? Describe briefly.

4. What did/would you add to this session?

5. What else would improve this session?