

Date:

Provider'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 ParentChild+ 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 ParentChild+ 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. How likely are you to recommend ParentChild+ to other providers?

1	2	3	4	5
Very unlikely		Neutral		Very likely

7. What could the ParentChild+ program offer to further enhance your experience?

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