

Dear Parent/Caregiver:

Would you please take a few minutes to evaluate our questionnaires? We appreciate your participation in our program and hope that our services have been helpful to you.

Please circle the number that best expresses your opinion.

| Approximately how many minutes did it take you to fill out each questionnaire? minutes. | | | | e? | | |
|--|---|------------------------------------|-----------------------|----------------|--|--|
| | Did you consider this amo very little time 1 | unt of time: 2 | 3 | too much time | | |
| | Comments: | | | | | |
| 2. | Did the questionnaires ale | rt you to skills your child has or | activities your child | could do that | | |
| | you were not sure about? very few 1 | 2 | 3 | very many | | |
| | Comments: | | | | | |
| 3. | After filling out the questionnaires, did you have any new ideas about how to interact or | | | | | |
| | play with your child? very few 1 | 2 | 3 | very many 4 | | |
| | Comments: | | | | | |



| 4. | Were any items unclear or difficult to understand? | | | | |
|----|--|--------------------|---|----------------|--|
| | very few 1 | 2 | 3 | very many 4 | |
| | Comments: | | | | |
| 5. | Did you enjoy participating very little | g in this program? | 3 | very much 4 | |
| | Comments: | | | | |
| | | | | | |

If you have any further comments about the questionnaires, please write them below.