



School Name Workshop/Activity Evaluation

Name of Workshop/Activity: _____ Date: _____

For each statement in the box below, mark the number on the **left** to describe your thinking and knowledge **BEFORE** this session.

1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree

Please Complete BEFORE the Session				
1	2	3	4	1. I have knowledge on this subject
1	2	3	4	2. I understand how this information will help me support my child's learning
1	2	3	4	3. I believe that parental involvement makes a difference in school and student achievement.
1	2	3	4	4. I am confident in my ability to do my part to build parent-teacher communication.
1	2	3	4	5. I am aware of resources that support school improvement.

AFTER

Now mark the number on the **RIGHT** to describe your thinking and knowledge **after** this session.

1=Strongly Disagree 2=Disagree 3=Agree 4=Strongly Agree

Please Complete After the Session				
1. I have knowledge on this subject	1	2	3	4
2. I understand how this information will help me support my child's learning	1	2	3	4
3. I believe that parental involvement makes a difference in school and student achievement.	1	2	3	4
4. I am confident in my ability to do my part to build parent-teacher communication.	1	2	3	4
5. I am aware of resources that support school improvement.	1	2	3	4

Overall this session (e.g., clear information, materials provided) was:

_____ Excellent _____ Good _____ Average _____ Fair _____ Poor

I would be interested in learning about: _____

