

PARENT EVALUATION – K4 & K5 / Elementary / Middle School Programs
Lifelong Faith Formation Year – 2009-2010
(If you did not fill one out earlier in Spring.)

Dear Parent,

If you had children involved in this year's programs, please take a few minutes to complete the following evaluation. It is important that we hear from you; your opinions are valued and appreciated. Thank you in advance for your prompt response.

I had a child in the following programs: (please check all that apply)

1. K4 2. K5 3. Gr. 1 4. Gr. 2 5. Gr. 3 6. Gr. 4
7. Gr. 5 8. Grs. 6-7-8 9. 1st Eucharist 10. 1st Reconciliation

Use the following scale:

SA, strongly agree; A, agree; D, disagree; SD, strongly disagree

1. I feel there is adequate religious formation of my child.
11. SA 12. A 13. D 14. SD 15. NO opinion

If disagree, why?

2. I feel the text and/or supplemental materials used were adequate.
16. SA 17. A 18. D 19. SD 20. NO opinion

If disagree, why?

3. I liked the variety and opportunities for outreach in the program, i.e., sandwich- making, SVDP pantry donations, Lenten box, etc.
21. SA 22. A 23. D 24. SD 25. NOT APPLICABLE

4. I send my child to St. Mary because the following takes place:
(check all that apply)

26. Receive a good foundation in the Catholic tradition
27. Class times are convenient
28. Prayer experiences
29. Curriculum content
30. Experience a community of faith
31. Other: _____

(OVER)

5. I feel my child's catechist/small group leader developed and presented the content in an informative manner.

33. ___SA 34. ___A 35. ___D 36. ___SD 37. ___NO opinion

If disagree, why?

6. I feel my child enjoyed coming to class because:

38. ___ Talked about the class

39. ___ Looked forward to it

40. ___ Liked the small group activities

41. ___ Prayer and participation are very important

42. ___ Enjoyed the catechist (In other words, you may like the instructor, but how does your child relate?)

43. ___ Other: _____

7. Please provide us with some feedback regarding your child's catechist, small group leader, etc. When possible, please identify by name.

8. If your child/ren participated in either the Eucharist or Reconciliation programs, please give us your overall reactions to the schedule, format, and time. Also, these special sacramental preparation programs included, as part of the format, parent meetings and prayer celebrations. Please give us your overall feedback. Please be specific.

9. Additional Comments: _____

IF YOU HAD A CHILD/REN ENROLLED IN ONE OF THE LIFELONG FAITH FORMATION PROGRAMS, PLEASE RETURN THIS FORM BY June 28, 2010. THANK YOU!

NAME: _____ PHONE: _____