CLASS EVALUATION
Lesson Six
Building Family Strengths

Name: _____ Site (location): _____
(Please Print)

Date: _____ Teacher(s): _____

Please help us evaluate our program by answering a few questions about the class you participated in and the facilitator(s). This information will help us know if the program is meeting its objectives and will help us make improvements. Your feedback will remain confidential and will not be seen by your facilitator.

PART A: Please mark the response that reflects what you knew BEFORE and now AFTER attending this class.

	BEFORE this class:				**Now, AFTER this class:**			
	Was Poor	***Was Fair***	***Was Good***	***Was Excellent***	***Is Poor***	***Is Fair***	***Is Good***	***Is Excellent***
1. My knowledge of the effects of stress.	①	②	③	④	①	②	③	④
2. My awareness of how to handle stress.	①	②	③	④	①	②	③	④
3. My ability to identify individual and family strengths.	①	②	③	④	①	②	③	④

PART B: Please mark the response that reflects the extent to which you agree with the following statements..

		Strongly Disagree	***Disagree***	***Neither Agree or Disagree***	***Agree***	***Strongly Agree***
1.	The facilitator(s) explained the course material clearly and answered questions well.	①	②	③	④	⑤
2.	The facilitator(s) was effective in getting people to participate.	①	②	③	④	⑤
3.	The facilitator(s) cared about group members and offered support and encouragement.	①	②	③	④	⑤
4.	The facilitator(s) managed the time well.	①	②	③	④	⑤
5.	The facilitator(s) drew upon his/her own experiences in ways that were helpful.	①	②	③	④	⑤
6.	The facilities were comfortable.	①	②	③	④	⑤
7.	The handouts and activities were helpful.	①	②	③	④	⑤
8.	The information in the class was useful to me.	①	②	③	④	⑤
9.	Attending this class was a good experience.	①	②	③	④	⑤
10.	I have learned new knowledge and skills.	①	②	③	④	⑤

Part C. What are the two most useful things you learned today?

1. _____

2. _____

Part D. Do you have any suggestions to make this class more helpful and/or enjoyable? *(more space on back)*

Office Use Only

Class: _____ Cohort: _____ ID: _____ Entered: _____

Name: _____ Site (location): _____

(Please Print)

Adult Post Program Evaluation Form

(To be completed at the end of the last class)

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF AS HONESTLY AND ACCURATELY AS POSSIBLE. THERE ARE NO "RIGHT" ANSWERS. ALL RESPONSES WILL REMAIN CONFIDENTIAL AND WILL NOT BE SEEN BY YOUR SPOUSE/PARTNER OR THE CLASS FACILITATOR.

PART A. Please mark the appropriate box.

		Very Poor	Poor	Average	Good	Excellent
1.	Rate the overall quality of the Smart Steps program.	①	②	③	④	⑤
2.	Rate the overall quality of the facilitator's work.	①	②	③	④	⑤
3.	Rate the overall level of participation by group members.	①	②	③	④	⑤
4	Rate the overall quality of discussions.	①	②	③	④	⑤
5	Rate the overall quality of the program materials.	①	②	③	④	⑤

PART B. Please mark the boxes that reflect your opinion BEFORE and AFTER attending the *Smart Steps* classes.

	BEFORE this class:					**Now, AFTER this class:**				
	Was Really False	**Was False**	**Was Neither**	**Was True**	**Was Really True**	**Is Really False**	**Is False**	**Is Neither**	**Is True**	**Is Really True**
1. I understand how stepfamilies develop.	①	②	③	④	⑤	①	②	③	④	⑤
2. I understand what it takes to have a healthy remarriage.	①	②	③	④	⑤	①	②	③	④	⑤
3. I have a lot of parenting knowledge and skills.	①	②	③	④	⑤	①	②	③	④	⑤
4. I understand the legal issues facing stepfamilies.	①	②	③	④	⑤	①	②	③	④	⑤
5. I communicate well with my partner/spouse.	①	②	③	④	⑤	①	②	③	④	⑤
6. I communicate well with all my children/stepchildren.	①	②	③	④	⑤	①	②	③	④	⑤
7. I communicate well with my ex-partner/ex-spouse.	①	②	③	④	⑤	①	②	③	④	⑤
8. I have good conflict management skills.	①	②	③	④	⑤	①	②	③	④	⑤
9. There are a lot of positives in my relationship with my partner.	①	②	③	④	⑤	①	②	③	④	⑤
10. There are a lot of negatives in my relationship with my partner.	①	②	③	④	⑤	①	②	③	④	⑤
11. There is a lot of conflict in our family.	①	②	③	④	⑤	①	②	③	④	⑤
12. We show respect for each other.	①	②	③	④	⑤	①	②	③	④	⑤

Please write anything that you think would improve the program, classes, and/or evaluation process.

_____

_____

_____

_____

PART C. Please indicate if you agree or disagree with the following statements.		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1.	The meeting site was accessible.	①	②	③	④	⑤
2.	The length and time of sessions fit well with my work/family schedule.	①	②	③	④	⑤
3.	The program exceeded my expectations.	①	②	③	④	⑤
4.	I would refer this program to family and friends.	①	②	③	④	⑤
5.	I have learned knowledge and skills about healthy relationships.	①	②	③	④	⑤

PART D. ***PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR RELATIONSHIP WITH YOUR CURRENT PARTNER/SPOUSE. IT WILL HELP US EVALUATE OUR PROGRAM.***

1. On a scale from 1 to 7, how happy are you with your relationship with your current partner/spouse?						
Completely Unhappy	Moderately Unhappy	Slightly Unhappy	Neither Happy or Unhappy	Slightly Happy	Moderately Happy	Completely Happy
①	②	③	④	⑤	⑥	⑦

2. Do you agree with the following statements about your relationship with your current partner/spouse?		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
A.	My relationship with my partner/spouse is more important to me than almost anything else in my life.	①	②	③	④	⑤
B.	I may not want to be with my partner/spouse a few years from now.	①	②	③	④	⑤
C.	I like to think of my partner/spouse and me more in terms of "us" and "we" than "me" and "him/her."	①	②	③	④	⑤
D.	I want this relationship to stay strong no matter what rough times we may encounter.	①	②	③	④	⑤

3. Regarding your current relationship…		Never	Yes, in the past but not recently	Yes, recently
A.	Have you ever thought your relationship might be in trouble?	①	②	③
B.	Has the thought of getting a divorce or separation crossed your mind?	①	②	③
C.	Have you discussed divorce or separation with a close friend?	①	②	③
D.	Have you or your partner/spouse ever seriously suggested the idea of divorce or separation?	①	②	③

4. How often do you and your current partner/spouse agree or disagree about…		Always Disagree	Frequently Disagree	Equally Agree/Disagree	Frequently Agree	Always Agree
A.	Finances	①	②	③	④	⑤
B.	Dealing with family/relatives	①	②	③	④	⑤
C.	Dealing with ex-spouses or ex-partners	①	②	③	④	⑤
D.	Parenting	①	②	③	④	⑤

5. Regarding your current relationship with your partner/spouse…		Very Strongly Disagree	Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree	Very Strongly Agree
A.	We have a good relationship	①	②	③	④	⑤	⑥	⑦
B.	My relationship with my partner is very stable	①	②	③	④	⑤	⑥	⑦
C.	Our relationship is strong	①	②	③	④	⑤	⑥	⑦
D.	My relationship with my partner makes me happy	①	②	③	④	⑤	⑥	⑦
E.	I really feel like part of a team with my partner	①	②	③	④	⑤	⑥	⑦