

**CLASS EVALUATION**  
*Lesson One*  
**Families Today: Focus on Stepfamilies**

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.**

|   | <b>BEFORE this class:</b> |                 |                 |                      | <b>Now, AFTER this class:</b> |                |                |                     |
|---|---------------------------|-----------------|-----------------|----------------------|-------------------------------|----------------|----------------|---------------------|
|   | <b>Was Poor</b>           | <b>Was Fair</b> | <b>Was Good</b> | <b>Was Excellent</b> | <b>Is Poor</b>                | <b>Is Fair</b> | <b>Is Good</b> | <b>Is Excellent</b> |
| 1. My awareness of how common stepfamilies are.   | ①                         | ②               | ③               | ④                    | ①                             | ②              | ③              | ④                   |
| 2. My understanding of differences between stepfamily experiences and first family experiences. | ①                         | ②               | ③               | ④                    | ①                             | ②              | ③              | ④                   |
| 3. My ability to recognize myths about stepfamily living.                                       | ①                         | ②               | ③               | ④                    | ①                             | ②              | ③              | ④                   |
| 4. My knowledge of the realities of stepfamily living.  | ①                         | ②               | ③               | ④                    | ①                             | ②              | ③              | ④                   |
| 5. My ability to identify 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.**

|  | <b>Strongly Disagree</b> | <b>Disagree</b> | <b>Neither Agree or Disagree</b> | <b>Agree</b> | <b>Strongly Agree</b> |
|--|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| 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?**

- \_\_\_\_\_
- \_\_\_\_\_

**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: \_\_\_\_\_ Agency: \_\_\_\_\_ ID: \_\_\_\_\_ Entered: \_\_\_\_\_