

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 box that reflects what you knew BEFORE and now AFTER attending this class.

	<u>BEFORE this class:</u>				<u>Now, AFTER this class:</u>			
	<i>Was Poor</i>	<i>Was Fair</i>	<i>Was Good</i>	<i>Was Excellent</i>	<i>Is Poor</i>	<i>Is Fair</i>	<i>Is Good</i>	<i>Is Excellent</i>
1. My knowledge of the effects of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My awareness of how to handle stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My ability to identify individual and family strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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)

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
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1. Rate the overall quality of the Smart Steps program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Rate the overall quality of the facilitator's work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rate the overall level of participation by group members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Rate the overall quality of discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rate the overall quality of the program materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The length and time of sessions fit well with my work/family schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The program was what I expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would refer this program to family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have learned knowledge and skills about healthy relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7
Completely Unhappy	Moderately Unhappy	Slightly Unhappy	Neither Happy or Unhappy	Slightly Happy	Moderately Happy	Completely Happy

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I may not want to be with my partner/spouse a few years from now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I like to think of my partner/spouse and me more in terms of "us" and "we" than "me" and "him/her."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I want this relationship to stay strong no matter what rough times we may encounter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the thought of getting a divorce or separation crossed your mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you discussed divorce or separation with a close friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you or your partner/spouse ever seriously suggested the idea of divorce or separation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Dealing with family/relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Dealing with ex-spouses or ex-partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part E. Please write anything that you think would help improve the program, class offerings, and/or evaluation process.
