

Youth Post Program Evaluation Form
(To be completed at the end of the last class)

Directions: Please do NOT put your name on this form. There are no right answers; we just want YOUR opinion.

1. Site (location): _____
(Please print)

2. How old are you? _____

3. How many classes did you attend? _____

4. Did you like coming to these classes? **Yes** **Sort of** **No**

a. What did you like the most?

b. What did you NOT like about these classes?

5. Did you learn better ways to solve problems in your family?

Yes **Sort of** **No**

6. Have you noticed any positive changes in your family since attending these classes?

Yes **Sort of** **No**

a. If yes, name one positive change:

7. Did you like the food? **Yes** **Sort of** **No**

a. What did you like, or wished, that they had served you?

Thank you for sharing your opinions with us!

Office Use Only

Class: _____ Cohort: _____ Agency: _____

Entered: _____