



1. What did you enjoy most about this class? Check all that apply.

- Meeting New People       Getting Out of the House       Adult Conversation  
 Learning New & Interesting Things       Sharing Your Experiences       Meeting the Presenter  
 Hearing Other People's Experiences       Other \_\_\_\_\_

2. Did you learn about resources and supports that are available in the community?

- Yes       No       Does Not Apply

Are there other resources or supports which interest you? \_\_\_\_\_  
\_\_\_\_\_

3. Did you learn something new that you can apply to helping your child in school and/or to enhance your own personal life? (e.g. help child with homework, discovered a new interest, improved health or fitness)

Tell us about what you have learned?  
\_\_\_\_\_

4. Did you enjoy attending the class?       Yes       No

5. Would you take another class?       Yes       No

6. Please suggest topics that interest you for future classes. \_\_\_\_\_  
\_\_\_\_\_

7. How did you hear about the Fall River Parent Academy? Check all that apply.

- Catalog       Email       Website       My Child's School       Radio/Newspaper  
 Community Agency       A Friend       Other \_\_\_\_\_

8. Was the location convenient for you?       Yes       No

9. Was the time convenient for you?       Yes       No

10. Is there anything else you would like to share with us? \_\_\_\_\_