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)	
	How old are you?	
3.	How many classes did you attend?	
4.	Did you like coming to these classes? \Box Yes \Box Sort of \Box 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?	
	\Box Yes \Box Sort of \Box No	
6.	Have you noticed any positive changes in your family since attending these classes? $\Box \mathbf{Yes} \Box \mathbf{Sort} \ \mathbf{of} \Box \mathbf{No}$	
	a. 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	

Entered:

Class:

Cohort: