



Parent Meeting Evaluation Form

Newton County Title I Parent and Family Engagement Program

Date: _____

School: _____

Title of Parent Meeting: _____

Your ideas and opinions are very important to us. Please answer the following questions to let us know if this parent meeting was helpful to you.

Circle Your Answer:

1) How did you hear about the parent meeting?

Notice from School

Phone Call

Newsletter

Other _____

2) Was the topic of this meeting valuable to you as a parent? Yes No

3) Did you receive any ideas from this meeting on how to help your child at home? Yes No

4) Were you able to hear and understand the speaker(s)? Yes No

5) Did you receive handouts that will help you as a parent? Yes No

6) Did you receive answers to your questions? Yes No

7) Did you feel the activities were well planned? Yes No

8) Do you feel welcome at your child's school? Yes No

9) Was this meeting held at a time that was convenient for you? Yes No

What would make our parent meetings more helpful to you? _____

What topics would you like to see covered in future meetings? _____
