

Program Evaluation Form

To help us improve our program, please take a minute or two to complete this form.

Name _____ Date of Class _____

Location _____

Please rate these aspects of your experience as follows:

1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No Opinion

____ Appearance of room ____ Videotape ____ Instrument Demonstrations

____ Suitability/comfort of room ____ Handouts ____ Activities

____ Helpers ____ The Mommy & Me Program

The length of the program was:

____ Too Long ____ Too Short ____ Just Right

I wish we had spent more time on:

____ Videotape ____ Discussion ____ Participation

Other _____

I wish we had spent less time on:

____ Videotape ____ Discussion ____ Participation

Other _____

My children and I participate in making music:

____ daily ____ weekly ____ rarely ____ never

Other _____

I would like more information about:

____ Music Advocacy ____ Parental Guidance

Friends who may be interested in the Developmental Drumming Program:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

General Comments _____
