

Rosy Mound Elementary School
After-School Enrichment Parent Evaluation Form

Please help us with future enrichment programs by completing and returning this questionnaire. Your child's positive enrichment program experience is our top priority.

Name of enrichment class: _____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| + Did your child have a positive experience? | [] | [] |
| + Did your child enjoy this topic? | [] | [] |
| + Would you recommend this class to a friend? | [] | [] |

Comments on this class: _____

Thank you for your time and help!

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