

SCHOOL HOLIDAY PROGRAM Evaluation Form for Parents

Please help us by completing this School Holiday Program Evaluation Form. Your feedback will assist us in adjusting and amending the existing program in order to better reflect the individual needs of your child.

Please place a circle around your preferred answer.

Date:
Name: (Optional)
Age of your Child:
Name of Service:

1. My child enjoyed attending Vacation Care.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

2. My child was able to participate in the activities provided.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

3. The activities included in the program were appropriate for my child.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

4. My child was able to develop positive friendships with the other children.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

6. Staff ensured my child's safety both in the indoor and outdoor environments.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

7. Staff were able to meet the needs of my child.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

8. The staff provided a stimulating program for my child.

Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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Comments:

Please Note: Any other additional comments or suggestions are welcome.