



FAMILY SESSION FEEDBACK FORM

Family Life Victoria Inc. (FLV) is committed to continuously enhance the quality and value of its programs to schools. Your feedback and custom is very much appreciated.

Date: _____ Name: _____

Tel: _____ Educator's Name: _____

Sessions Attended: *Year 1-2:* *Year 3-4* *Year 5-6* *Year 7-10*

(Please tick ONE rating)

| | Poor | Average | Good | Excellent |
|---|------|---------|------|-----------|
| How would you rate overall session | | | | |
| Age appropriateness of program | | | | |
| Topics covered within each session | | | | |
| Stimulation of discussions | | | | |
| Children's' learning | | | | |
| Level of children's comfort | | | | |
| Length and time of session was appropriate | | | | |
| Educator's presentation skills | | | | |
| Session helps parents to answer questions about sexuality | | | | |

Do you have any suggestions on how the program can be improved?

Would you recommend programs run by FLV to school council, other parents and friends?

Thank you for your feedback

Return to:
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