



SCHOOL PROGRAM 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: _____ School Name: _____

Contact Name: _____ Tel: _____

Educator's Name: _____

Sessions Attended:

Year 1-2 Year 3-4

Year 5-6 Year 7-12

(Please tick ONE rating)

- How would you rate overall session
- Age appropriateness of program
- Topics covered within each session
- Stimulation of discussions
- Students' learning
- Level of students' comfort
- Adequate length of each session
- Educator's level of expertise
- Educator's presentation skills
- Relevance to VELs

Poor	Average	Good	Excellent

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

*Are you likely to use Family Life Victoria for another program in the near future?
Please indicate why?*

Thank you for your feedback

Return to:
clientservices@familylifevictoria.org.au
 PO Box 583 Camberwell, VIC 3124
 Tel: (03) 9813 2377 Fax: (03) 9813 2355