



## PARENT EDUCATION – EVALUATION

We hope that you have enjoyed your Active Birth and Baby workshop. In order for us to meet your needs and make these sessions interesting and relevant to you we would be grateful if you could complete the following short evaluations:

What class did you attend (Please circle that applies to you).

Active birth workshop

Early days workshop

Date you attended:

(5 = Excellent, 4 = Good, 3 = Average, 2 = Poor, 1 = Very poor)

On a scale of 1 to 5 how would you rate the workshop? [ ]

Comments.....

.....

The active birth class was (tick all that apply to you)

Not Applicable

Uninteresting

Informative

Unsatisfactory

Interesting

Boring

Enjoyable

Worthwhile

Scary

Confusing

The early days birth class was (tick all that apply to you)

Not Applicable

Uninteresting

Informative

Unsatisfactory

Interesting

Boring

Enjoyable

Worthwhile

Scary

Confusing

Do you feel that the workshop has helped to increase your confidence?

In preparation for the birth?

Yes No Not Applicable

In the early days of caring for your baby?

Yes No Not Applicable

Comments.....

.....

What topic was most important to you?.....

Least important to you?.....

Presented best by the instructor?.....

Not presented well?.....

The teaching aids in active birth (charts, videos, pictures) were (please tick all that applies to you)

Hard to see                      Easily seen                      Some-what helpful                      Very helpful

The teaching aids in early days workshop (charts, videos, pictures, etc) were (please tick all that applies to you)

Hard to see                      Easily seen                      Some-what helpful                      Very helpful

The best part of the workshop was:

Comments.....

.....

The worst part of the class was:

Comments.....

.....

Do you feel your instructor in active birth was well prepared and knowledgeable?

Do you feel your instructor in early days was well prepared and knowledgeable?

Did you find the venue suitable/convenient?                      Yes [ ] No [ ]

Did you find the day/time of the session's suitable/convenient?                      Yes [ ] No [ ]

What did we do well?

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What could we have done better?

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**Thank you for taking the time to complete this questionnaire.**