

Office of Family and Community Engagement Parental Involvement Activity/Event Evaluation

School Name:			Date of Activity/Event:	
Activity/Event Title:			Time of Activity/Event:	
		(Please check all	that apply):	
chool Level/Grade:			Type of Activity/Event:	
Elementary	1 2 3 4 5	6 7	_	Parental
Middle	6 7 8 9		_	Academic
High	9 10 11 17	2	-	Special
	Please use	the following scale	e to complete this e	valuation:
1 = Unsatisfactory		2 = Fair	3 = Good	4 = Outstanding
1. Rate this ac	tivity/event on	improving your know	wledge and practice o	f parental involvement.
i nate this at	1	2	3	4
		· —	_	·
2. Rate the qu	ality of the cont	ent covered in this a	ctivity/event.	
	1	2	3	4
3. Rate the eff	ectiveness of the	e presenter(s) with t	he audience.	
	1	2	3	4
4 Overall ratir	ng of the activity	/event		
47 Overall rath	1	2	3	4
	-	_	,	τ
Please use reve	rse side for add	itional comments an	d suggestions:	
	•			•
Comments: Ple	ase share any ac	lditional thoughts or	ideas.	
		. , , ,		
Your Name (Opti	onal):			