

SEEK

Class Title _____

Parent Evaluation Form

Please circle one number to record your level of agreement with the number "5" being the highest and the number "1" being the lowest level of agreement.

- | | | |
|----|---|---------------|
| 1. | My child/children found the classes to be interesting. | 5-4-3-2-1 |
| 2. | I would like to see more science classes. | 5-4-3-2-1 |
| 3. | I would like to see more art classes. | 5-4-3-2-1 |
| 4. | I would like to see more physical activity classes. | 5-4-3-2-1 |
| 5. | The S.E.E.K. program met the needs of my child. | 5-4-3-2-1 |
| 6. | My child would attend S.E.E.K. again next year. | 5-4-3-2-1 N/A |
| 7. | I would like to see this change made for next year's program. | |

Please provide us with your e-mail address for notifications of future SEEK registration "opening dates" and other kids' camps at LCCC.

E-mail Address: _____

Thank you and we hope to see your child again next year!