

HomeWork:

Lessons Learned in the Home for Success in School and Life

Chapter Participation Feedback Form

This form is used at the conclusion of each chapter.

Recommendations and Directions for Use

- 1.** Review the form. Discuss the purposes and uses of the form.
- 2.** Note that participants will be asked to complete the feedback form at the end of each chapter for chapters 1-10.
- 3.** Trainer(s) will review the responses in preparation for implementing training for subsequent chapters.
- 4.** Encourage participants to provide honest, authentic feedback and input as a means of increasing the effectiveness of *HomeWork* as a tool for preparing parents, and those in parenting roles, as their child(ren)'s first teachers in the home.
- 5.** Trainers may choose to include the incentives below for completing the form.
 - a.** Share results with the group following completion of each chapter through a brief presentation session.
 - b.** Offer simple incentives for completion (e.g., resources, supplies, materials for parents and/or children, etc.).
 - c.** Solicit suggestions from participants regarding use of results from form.

Chapter Participation Feedback Form

Form being completed for Chapter _____.

Topic/Area of Focus: _____

Thank you for participating and completing the training offered in this chapter of *HomeWork: Lessons Learned in the Home for Success in School and Life*. It is hoped your experiences increased your knowledge and understanding of the focus area and helped prepare you to instruct, support, and assist your child(ren) in their learning about the topic from you and valuing it in the home, at school, and beyond.

Please respond to the short questionnaire below. Your honest responses and comment will provide important feedback to the trainer(s) and instructor(s) as they work to ensure the activities and instruction is authentic, practical and valuable. This will aide in preparing and supporting parents, and those in parenting roles, to be successful and effective in their roles as their child(ren)'s teachers in the home.

Date _____

Name (optional) _____

Contact Information (optional) _____

What Do You Think?

Did you understand the main concept, area of focus for this chapter? YES NO

Explain/Comment:

Did you understand/successfully complete the *Introspection* activities for this chapter?

YES NO

Explain/Comment:

Did you understand/successfully complete the *Retrospection* activities for this chapter?

YES NO

Explain/Comment:

Did you understand/successfully complete the *Roundabout* activities for this chapter?

YES NO

Explain/Comment:

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Did you understand/successfully complete the *Action* activities for this chapter?

YES NO

Explain/Comment:

Awesome Activities

Please list any activities, experiences or events below presented during this chapter that you enjoyed most, learned best, want to share with your child(ren) and/or with others.

Comments & Suggestions

Would you recommend this chapter (and its activities, experiences, training) to others?

YES NO

Explain/Comment:

Would you suggest changes to the activities, experiences presented in this chapter?

YES NO

Explain/Comment:

Please share additional comments, recommendations or suggestions below regarding the activities, experiences included in this chapter.