

Name (optional) _____

1. How did you find out about YouTheatre classes?
 Prior Participation School Flier Newspaper Website
 Friend/Neighbor Performance Other _____

2. My child seems to enjoy the class s/he participates in.
 Strongly Agree 5 4 3 2 1 Strongly Disagree

3. I am confident in the instructor's ability to conduct the class.
 Strongly Agree 5 4 3 2 1 Strongly Disagree

4. I feel that my child grew as a result of this experience.
 Strongly Agree 5 4 3 2 1 Strongly Disagree

5. What part of the class does your child talk about/enjoy the most?

6. The number of class meetings is: Appropriate 5 4 3 2 1 Too Long

7. The length of class meetings is: Appropriate 5 4 3 2 1 Too Long

8. Do you believe the program is a good value? Yes No

9. I would like to see more opportunities offered on: *(Please check all that are applicable)*

- | | | |
|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Thursdays | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Fridays | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Weekends | <input type="checkbox"/> Evenings |

10. I would like to see a class offered for: _____

11. What were the strengths of this class?

12. Did you find weaknesses in this class?

If you would like to relay any other information to YouTheatre please use the back of this page.
 What can we do to improve the program? What should remain the same?