

# Parent Feedback Form



School: \_\_\_\_\_

Community: \_\_\_\_\_

We would like your feedback about the FRIENDS program. Your comments will be used to improve the program.

For the following questions please circle the word that best describes your response to the statement:

## Since the FRIENDS Program, I have noticed that my child....

... recognizes and describes their feelings better	yes	somewhat	No	not observed
... acts more sensitively towards others	yes	somewhat	No	not observed
... refers to the F-R-I-E-N-D-S Steps	yes	somewhat	No	not observed
... uses relaxation skills (or want to practice them)	yes	somewhat	No	not observed
... identifies helpful and unhelpful thoughts	yes	somewhat	No	not observed
... breaks down challenges/goals into smaller steps	yes	somewhat	No	not observed
... uses the steps of the 6-Block Problem Solving Plan	Yes	somewhat	No	not observed
... is better able to calm themselves down	Yes	somewhat	No	not observed
... is more likely to reward themselves for successes	Yes	somewhat	No	not observed
... acts more confident	Yes	somewhat	No	not observed

Please identify any other skills that you observe or hear your child using that you think might be related to the FRIENDS program:

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In your opinion, what do you think is the most important skill that the children learn in the FRIENDS Program?

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Did you participate in the FRIENDS parent sessions?      YES      NO

Why or why not?

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Would you be interested in some assistance in coordinating and running the parent sessions?

YES      NO

Any other comments?

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Thank you for completing this questionnaire.  
Please fax, mail or email back to the FNEESC/FNSA office 604-925-6097.