

CCFS Outreach Program Evaluation Questions

(These questions are required to be administered to program participants of CCFS outreach programs in addition to any other evaluation criteria used by the program.)

1. DOB

Month	Day	Year

2. Gender Male Female

3. Age(s) of children 0-3
 3-5
 5-8
 8-12
 12-18
 (check all that apply)

4. I found the program useful.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I would recommend the program to others.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

6. I learned something in the program I did not know before.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I will use information I learned in the program in my daily life.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

8. I will change or adjust at least one behavior as a result of the program.
 Strongly Agree Agree Neutral Disagree Strongly Disagree

9. Overall, how would you describe your experience with the program?
 Excellent Good Okay Not Good Very Bad

10. Is there anything else you want us to know?