



Family Program Evaluation Form

Session: (please circle)    BSC    ASC    Vacation Care    Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Feedback on today's session: \_\_\_\_\_

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Would your child like to do it again                      YES                          NO   

Why? \_\_\_\_\_

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What other activities would you like to see at OSHC?

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How could we improve on this session

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