



FAMILY RESPONSE





We'd like to hear from you about this Infant and Toddler Family Connection Activity.
Please return this Family Response sheet by _____

Name of Activity: _____

Child's Name: _____

Tell us who in your family participated in this activity with your child:

Help us evaluate the effectiveness of the Family Connection information and activity by rating the items listed below. Check the boxes that best express your opinion.

Family Response	Interested 	Excited 	Bored 	Frustrated 
My reaction to the information contained in the Family Connection activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's reaction as he/she participated in the Family Connection activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The reaction of myself and/or other family members who participated in the Family Connection activity with my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall rating for this Family Connection activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give us any additional comments and suggestions. _____

Your Name: _____ Date: _____