



Group Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. How many gatherings (including meetings and events) have you attended with this group?  
 1-3 gatherings    4-6 gatherings    7-10 gatherings    More than 10 gatherings, estimate # \_\_\_\_\_

2. How long have you participated in this group?  
 0-4 months    4-8 months    8-12 months    More than 12 months

3. How many children do you have under the age of 6? \_\_\_\_\_

4. Since joining this group...

- a) have you made new friends?  Yes    No    N/A
- b) have you learned about resources in your community for your family?  Yes    No    N/A  
If yes, have you used any of the resources?  Yes    No    N/A
- c) Do you feel more confident about being involved in your community?  Yes    No    N/A
- d) do you feel more connected or bonded with your child?  Yes    No    N/A
- e) is your child more social (play or interacts more with other children)?  Yes    No    N/A
- f) has your child learned new skills to prepare them for kindergarten (such as singing songs, dancing, art activities, story time, play)?  Yes    No    N/A
- g) are you more likely to take your child to another program that benefits their development (such as a playgroup, library, FRC activity, pre-school)?  Yes    No    N/A

5. What changes have you noticed in your child since you started coming to this group?  
\_\_\_\_\_

6. Do you plan to stay in touch with other members/parents in this group?  Yes    No  
*If yes, how will you stay in touch? (Check all that apply.)*  
 Continue to meet as a group    Arrange playdates for our children  
 By phone and/or social media    Other \_\_\_\_\_

7. Are you interested in a developmental screening for your child by phone?  Yes    No  
*If yes, or you would like more information, please provide your information:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

8. Additional Comments

\_\_\_\_\_  
\_\_\_\_\_

Thank you!