## Meeting Evaluation Form for Parents

Meeting 1: Helping Adolescents Build Self-confidence

We want to know what you liked and did not like about this meeting. Please let us know by filling out this page.

1. I thought the meeting was (please circle one number):					
	1	2	3	4	5
	Not Helpful				Very Helpful
2.	The thing I like	d best about	the meeting wa	s:	
3.	I liked the way	the leader:			
4.	I wish the leade	er had:			
5.	The next time y	ou have this	meeting, make	this change:	
6.	I would also lik	e to learn m	ore about:		