Meeting Evaluation Form for Parents

Meeting 3: Positive Prevention—Thinking Ahead 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 liked best about the meeting was:				
3.	I liked the way	y the leader:			
4.	I wish the lead	der had:			
5.	The next time you have this meeting, make this change:				
6.	I would also like to learn more about:				