

**MOTHERS and BABIES
PARTICIPANT FEEDBACK FORM**

Date of Today's Session: ____/____/____	Session # ____ (Group or Individual)
Provider/Facilitator: _____	Agency: _____
Client Name/ID: _____	

After completing today's session, please ask your client to answer the following questions. The client may fill this form out herself, or you can read the questions aloud and record her responses.

1. Overall, on a scale of 1-3, how much did you **enjoy** today's session?
 - 1 Not enjoyable at all
 - 2 Somewhat enjoyable
 - 3 Very enjoyable

2. Overall, on a scale of 1-3, how well did you **understand** the information in today's session?
 - 1 Didn't understand
 - 2 Somewhat understood
 - 3 Totally understood

3. Overall, on a scale of 1-3, how **useful** was the information in today's session?
 - 1 Not useful at all
 - 2 Somewhat useful
 - 3 Very useful

4. Do you have any suggestions on how to make today's session any better?

5. Was there anything you really enjoyed or thought was really useful in today's session?

Thank you for taking the time to provide your feedback about today's session!