



FAMILY matters!

SSS

PARTICIPANT FEEDBACK FORM

02/01/2018

Thank you for attending the programme. We ask that you take a moment to provide your feedback. Your responses are important to us, and will help refine future programmes.

Programme Title: (1) Transition to Primary One (2) 5 Love Languages

Organiser: St Stephen's School

1. Evaluation of the programme:																									
a. Overall satisfaction of programme	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor Very Good																								
b. Name of Speaker 1: <u>Mr Johnny Ong</u> Speaker 1 was:	Name of Speaker 2: <u>Ms Anne Chua</u> Speaker 2 was:																								
<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>i. knowledgeable</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ii. well-prepared</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>iii. able to effectively answer participants' questions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	i. knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	ii. well-prepared	<input type="checkbox"/>	<input type="checkbox"/>	iii. able to effectively answer participants' questions	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>i. knowledgeable</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ii. well-prepared</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>iii. able to effectively answer participants' questions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		YES	NO	i. knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	ii. well-prepared	<input type="checkbox"/>	<input type="checkbox"/>	iii. able to effectively answer participants' questions	<input type="checkbox"/>	<input type="checkbox"/>
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2. Please rate your knowledge on the subject: <i>Before attending the programme</i> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor Very Good	<i>After attending the programme</i> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Poor Very Good																								
3. Is this the first time you are attending a family life education programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
4. Would you recommend this programme to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								

5. Other comments/ suggestions:

6. How did you first get to know about the programme?
- | | | |
|---|--|---|
| <input type="checkbox"/> TV/ Radio Ads | <input type="checkbox"/> Facebook alerts | <input type="checkbox"/> Flyers/ brochures/ posters |
| <input type="checkbox"/> Newspaper/ Magazines | <input type="checkbox"/> Websites | <input type="checkbox"/> SMS |
| <input type="checkbox"/> E-newsletter/ Email alerts | <input type="checkbox"/> Word-of-mouth | <input type="checkbox"/> Through my child's school |
| <input type="checkbox"/> Through my workplace | <input type="checkbox"/> Others | |

A little information about yourself:

1. I'm single married Widowed Divorced/ Separated
2. Do you have children? Yes No
3. Gender: M / F
4. What is your highest educational qualification?
 - No formal qualification/ Lower primary
 - Primary
 - Secondary
 - ITE/ Vocational Institute
 - Junior College/ Pre-U
 - Polytechnic Diploma
 - University
 - Other professional qualification



Interested to receive more family life information? Scan this code with your QR reader or visit facebook.com/FamilyMatters.sg to like us.