

SATHYA SAI PARENTING SEMINAR

Feedback Form

NAME (in full): _____

1. Which part/s of the session did you find very useful? (please tick)

- | | |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Then and Now Activity | <input type="checkbox"/> Final report & Presentations |
| <input type="checkbox"/> Issue Identification | <input type="checkbox"/> Back Talk Exercise |
| <input type="checkbox"/> Issue Definition | <input type="checkbox"/> House Rules |
| <input type="checkbox"/> Issue Question Resolution | <input type="checkbox"/> Contract |

2. What were some of your key learning points?

3. How do you think the session can be improved?

4. What kind of help would you like in conducting future workshops?

5. How would you like to assist in future workshops we organize?
