

UFA Parent as Learner Survey



Name

Email address

Name of course or event

Name of school/organisation

Postcode/Area

2. Date today

DD MM YYYY
 / /

3. How would you rate the following? (please tick one box in each row)

	Very low	Low	Okay	High	Very high
Your enjoyment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way the training was led	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Which of these statements describes your position now? (Tick ONE only)

- I would like to develop the ideas with other parents/carers
- I will be using what I have learnt at home
- I would like to use the ideas but need further support
- I am not interested in using the ideas in the course/event

Tell us about your answer

5. Please describe below what's been most useful from what you have learnt and how you might use it in the future?

**6. Some questions about your view of the parent programme.
I believe that... (please answer ALL questions)**

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The training will make a difference immediately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training has given me more confidence to help/support my child/ren's learning at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training has given me greater confidence to talk to school staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This training has developed my skills and knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What I need now is?

8. What would you say to other parents about the programme?

9. How old are your children? (tick as many as apply)

- 0-5 yrs
 12-14 yrs
 20 yrs and above
 6-11 yrs
 15-19 yrs

10. Are you Female Male

11. Are you interested in further working with the UFA?

- Yes
 No