We want your feedback! Please take a moment to fill out this survey. Your feedback will be used to improve next year's Community Family Night. Thank you for your participation!

Why did you go to this workshop? Check all that apply.

$\Box$ Parent(s) wanted me to	Ľ	$\Box$ Friend(s) wanted me to					
$\Box$ Teacher(s) wanted me to	[	$\Box$ I wanted to					
Did you enjoy this class?	C Not a	<b>)</b> at all	0	O Kind	of	0	O Absolutely
Did you learn something new	v?	□Ye	S	🗆 No			
Were your questions answer	ed?	🗆 Ye	es	🗆 No		nad n	o questions

We want to know how well the entire night went! Please take a moment to fill out the second part of the survey. Your feedback is very much appreciated and important for improving next year's event. We thank you for attending!

Did you enjoy this class	?	0	0	0	0	0					
	Not	at all		Kind of		Absolutely					
Were you able to hang	out with	your fr	iends?		□Yes	□ No					
Did you learn about any	/ commu	nity or	ganizat	ions?	□Yes	□ No					
What were your favorit	e activiti	es? Che	eck all t	hat app	oly.						
	$\Box$ Raffle			□ D	Dinner						
Dodgeball	Community Information Booths										
What was your favorite	topic?										
What would you like to	see next	year?									