



COORDINATOR 6 MONTH FOLLOW UP SHEET

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www.litforlife.com

Family: _____ Builder: _____ Date: _____

Coordinator: _____

For the Coordinator: **Please don't forget that you need to ask and circle the caregiver's responses on the bottom of the goal sheets as well (6 months).*

Please follow up by asking caregivers below questions:

Do you feel that the Building Blocks Program helped you with your literacy needs?	Yes	No	Somewhat
Was your Builder knowledgeable and able to give to you the information you required?	Yes	No	Somewhat
Did you enjoy the Building Blocks Program?	Yes	No	Somewhat
Did you enjoy your Builder?	Yes	No	Somewhat
Do you feel that the B.B. Program helped your child with their literacy needs?	Yes	No	Somewhat

If you could add or change anything what would that be? _____

Please ask questions that reflect the notes that the builder took in their Follow up and/or on specific goals.

Please ask if you could do anything more for them and if there is anything else they may like to say about the program or their Builder.

