

## Dog Tales Parent Evaluation

#3, 1204 10<sup>th</sup> Street SE High River, AB T1V 2B9 **Phone: 403.652.5090** 

Fax: 403.601.2389 www.litforlife.com

Session Start Date:	

Please fill out this evaluation. It is very important that you fill the evaluation out each time you are part of one of Literacy for Life's programs. The results we gather help us make sure our programs are the best they can be. We also need to know if reading to a dog helped your child feel better about his/her reading. Results from this evaluation aids in funding requests and in reporting to our funders.

Please circle **Yes** or **No** after each question.

1.	Due to your child's participation in Dog Tales, did you learn a new strategy or new activity to help your child to read?	Yes	No
2.	Due to your child's participation in Dog Tales, did you learn ways to make reading out loud and reading in general more fun and relaxing for your child?	Yes	No
3.	Due to your child's participation in Dog Tales, did you increase your understanding of what is available at the library?	Yes	No
4.	Did you have a library card before your child's participation in the program?	Yes	No
5.	If answer was no to having a library card, do you have one now?	Yes	No
Your c	omments are appreciated:		



Thank you for your Input!