



Circle Program: Book Buddy Food Fun Date of Program: D/M/Year _____

Circle Location of Program:

Okotoks Library High River Library Sheep River Library Crystal Shores Beach House Parent Link Okotoks Healthy Resource Centre Other: _____

Please fill out the 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 use the results to get funding and to report to our funders.

1. Please circle yes or no for each question. After participating in the program did you receive:			
More information about what to expect and do as your child moves through the developmental stages?	Yes	No	
Opportunities to learn new ideas and strategies to engage your child in learning activities?	Yes	No	
More skills and knowledge to help you with parenting?	Yes	No	
Tools to calm and soothe your child in everyday situations?	Yes	No	
More information about other literacy programs and services?	Yes	No	
A greater awareness of the importance of modeling reading and writing in everyday life to your child(ren)?	Yes	No	
More social and learning opportunities?	Yes	No	
Opportunities to learn about the importance of play and fun when working with your child?	Yes	No	
More ways to handle frustrating situations when helping my child with learning activities?	Yes	No	
More information about the importance of developing essential skills in yourself and your family?	Yes	No	
Essential Skills: reading, writing, numeracy, document use, oral communication, computer use, working together, problem solving and life long learning.			

2. After participating in the program the amount of time I spend singing songs and telling rhymes has: Increased Stayed about the same Decreased
3. After participating in (Program), the amount of time I spend looking and talking about books has: Increased Stayed about the same Decreased
4. After participating in (Program) my level of confidence in helping my children with literacy development has: Increased Stayed the same Decreased
5. Did you have a library card when you started the program? Yes No
 If no, do you have one now or do you plan to get one in the near future? Yes No
6. After participating in the program have your visits increased to the library? Yes No

7. Would you like to know more about Building Blocks or other programs or supports to help you help your children with literacy and learning?	Yes	No	
	Name	Phone Number	Email
If Yes please provide name, phone number and email. A staff member will be in contact.			

