**Parents’ opinion**

**Date: Workshop:**

**Please have a look at the questions and mark your opinion.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Your opinion** | | | | **If other opinion, please specify** | |
| Was the information of today’s meeting relevant and interesting? | Not at all | A little | Somewhat | Very much |  |
| Were the questions you had answered? | Not at all | A little | Somewhat | Very much |  |
| Did I get advice that you can use in the future? | Not at all | A little | Somewhat | Very much |  |
| Do you think that meetings like these are a good way to include parents in the Children’s Resilience Program? | Not at all | A little | Somewhat | Very much |  |

**You are (please mark):**

**A mother A father**

**Please let us know if you have additional comments, critique or suggestions:**