



Participant Feedback Questionnaire

Gender: Male / Female **Age:** _____

Education: HS Trade School Some College College degree Advanced Degree

Ages of your children: _____

How many Shaping Your Family's Future sessions did you attend? _____

1. **How helpful has this study been for you?** (Not Helpful) 1 2 3 4 5 (Very Helpful)

2. **What was most helpful?**

What was least helpful?

3. **Would you recommend this book/course to friends or family?** Yes No

Comments:

4. **Additional comments:**

Please continue on back of page, if needed.

Thank you!

Please return questionnaire to your group facilitator for mailing/faxing to:

Shaping Your Family's Future

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PO Box 550

Mt. Gretna, PA 17064

FAX – 717.270.2449

Attn: Marganne Hoffman