

Name: Evaluation Sheet

1. How did you find out about Sparklers Playgroups?

2. Why did you book a Sparklers playgroup session?

3. How would you rate your children's enjoyment of the session on a scale on 1-10, where 10 is the highest?

1 2 3 4 5 6 7 8 9 10

4. Summarise your experience in one sentence.

5. Would you like to be informed of future Sparklers Playgroup Sessions Yes No

6. How likely would you be to recommend a Sparklers session to other families?

Have already recommended Would definitely recommend Very Likely
Not likely Would not recommend

7. How can the sessions be improved further?

8. We use photos of events in newsletters and articles. Photos are used without permission if the face of the child is not shown. We would request your permission to use a photo if child's face is captured.

a. I am happy for my child's photo to be used by sparklers if face is exposed

b. I will am not happy for my child's photo to be used by sparklers if face is exposed

9. Which other sparklers service will you be interested in?