**Parent Evaluation Questionnaire**

**Games Night**

Dear Parent,

Your views are so important to us. Please answer honestly and allow us to work with you.

Thanks.

Parent Engagement Team

1. How many of your family attended the Games Night event?
2. Did you have fun socialising with your family and other families?
3. Did you learn together as a family at the event? If so please can you give an example.
4. Was the event worthwhile?
5. Would you attend a future event with your family?
6. What was the highlight of the event for your family?
7. What would you change or improve about Games Night?
8. If you thought the event was a success, could you give us a few words / sentences to sum up the evening for your family.
9. On a scale of 1-5, how would you rate the evening? Please circle 1-5 (5 being excellent).

 1 2 3 4 5