

Lower Columbia Head Start/EHS/ECEAP
Parent Committee Meeting Evaluation

Parent Committee Meeting Date and Topic: _____

Presenter(s): _____

Tell us your thoughts!

This meeting was helpful and I
learned something new.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
Disagree Agree

I would like to learn
more about this topic.

☐ YES ☐ NO

What would you change?



Ideas for next gathering:

(C: 05/05; 05/14)