(Insert school) Title I Parent Involvement

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Topic:	Date:	Topic:	Date:
Evaluation		Evaluation	
Please Circle You	ur Answer	Please Circle Your Answer	
1. The information	ation I learn will help me with my child.	1. The information I	earn will help me with my child.
Yes	No	Yes	No
2. The information presented was easily understood.		2. The information presented was easily understood.	
Yes	No	Yes	No
3. The best part of the evening was:		3. The best part of the evening was:	
		-	
		_	
4. I would like more information about:		4. I would like more information about:	
		_	
5. Comments:		5. Comments:	
		_	