

Parents Program Evaluation

Dear HLC Parents,

Please take a moment to reflect on your family's experience with the Hebrew Learning Circles. Your comments are essential to help enhance our program .

Name (optional) _____

Learning Circle _____

My child reported that the best aspect of the circle was:

As a parent, I most appreciated the following features of the program :

My child reported that their least favorite aspect was:

I would like to recommend the following improvements:

I would like the program to offer the following additional features:

The circle's teacher met my child's needs (the group's needs)

1. successfully 2. generally 3. insufficiently

Comments: _____

My child's /our family's contact with Rabbi Modek has been sufficient / insufficient

Comments: _____

Next year, our family/child would like to attend HLC Shabbat services and/or all-circle events at the following frequency:

Corresponding to the Jewish holidays

Monthly

Two times per semester

One per semester

Other _____

Thank you very much for taking the time to complete this survey. We take your comments seriously and strive to provide the best program possible. If you have additional comments, please use the other side of this form. Please mail this form to:

HLC P.O. Box 212 Nyack, NY 10960