

MOTHER'S EVALUATION FORM

Mom's Name _____

Daughter's Name _____

What prompted you to want your daughter to participate in this class?

Did you feel that her participating in the class has assisted in better communication, obedience, sensitivity to others needs, etc? How? If possible provide a specific incident.

How do you see the 10 week class prior to the Night of Celebration being of value?

What left the greatest impression upon you the Night of her Celebration?

Do you see a need for classes that would facilitate mother/daughter relationship enrichment or furthers classes on life application of biblical principles?

Please feel free to include any other comments you might have on the back of this page.

Please initial here if you are willing to grant permission for us to print your comments _____