

Parent /Guardian School Reentry Evaluation

Please review the following statements about the school reentry program by checking the ratings below. Your responses will be used to evaluate and improve the program content and format as we continue to work with families and schools.

Thank You.

	Poor	Fair	Good	Excellent
1. My family was adequately prepared for the transition back to school.	___	___	___	___
2. The school was given the needed information to help my child's return.	___	___	___	___
3. The school presentation was clear and met my expectations.	___	___	___	___
4. The presentation increased the students' knowledge and acceptance of my child's return to the classroom.	___	___	___	___
5. Were there any topics that were not addressed?				
<hr/> <hr/> <hr/>				
6. Do you have any concerns regarding the future?				
<hr/> <hr/> <hr/>				
7. Do you want to be included in future support activities?				
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Comments:

Name: _____ Child's Name: _____

Thank you for taking the time to fill out this evaluation. It was a pleasure assisting your child back to school. **Please contact** Name: _____ Phone: _____ if you have any further questions.

Please return this form to:

Teacher/Faculty School Reentry Evaluation

Please review the following statements about the school reentry program by checking the ratings below. Your responses will be used to evaluate and improve the program content and format as we continue to work with families and schools.

Thank You.

School Assembly:	Poor	Fair	Good	Excellent
1. School assembly information was clear and appropriate for the specific age groups.	___	___	___	___
2. The format of the assembly was appropriate in regard to:				
a. Content	___	___	___	___
b. Length of presentation	___	___	___	___
c. Size of the group	___	___	___	___
d. Questions and answers	___	___	___	___
3. Audiovisuals were clear and to the point in regard to :				
a. Burn care and scarring (if applicable)	___	___	___	___
b. Hospitals/medical or psychological care	___	___	___	___
c. Rehabilitation and recovery	___	___	___	___
d. Feelings/emotions/interactions	___	___	___	___
4. Questions were answered clearly at the students' level of comprehension.	___	___	___	___
5. Presentation met the goals of increasing the students' knowledge and acceptance of the student returning to the classroom.	___	___	___	___

Where there any topics or concerns that were need? _____

Comments:

School Name:

Thank you for taking the time to fill out this evaluation. It was a pleasure serving your school.

Please contact **Name:** _____ **Phone:** _____

if you have any further questions.

Please return this form to: