

**FAMILY COMFORT ZONE  
EVALUATION FORM**

NAME (OPTIONAL) \_\_\_\_\_ DATE \_\_\_\_\_

SESSION NAME/NUMBER \_\_\_\_\_

1. What did you find most helpful about the workshop?
  
2. What did you find least helpful?
  
3. How are you going to use what you learned today?
  
4. What do you wish there had been more time for?
  
5. Please note any other comments you would like to make?
  
6. May we use your comments in promotional materials?

If            Yes \_\_\_\_\_            \_\_\_\_\_ (Please initial)

              No \_\_\_\_\_            \_\_\_\_\_

**Thank you for being with us today.**