

### Families - Fit for Life

Can you help us by answering some questions about your course? We will use your answers to see where things are going well or where we can improve.

We value your feedback and assure you that the information will be treated with confidentiality.

Name:  Date:

Provider  Venue

Course  Day  Time

Course Reference Number (to be completed by tutor/provider)



- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Overall, how satisfied or dissatisfied are you with your course?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How satisfied or dissatisfied are you with the quality of teaching on your course?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How satisfied or dissatisfied are you with the level of support you received?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How would you rate the information and advice offered about the different options available to you once you complete your course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have a better knowledge and understanding of health issues.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I feel that communication between me and my child/children has improved.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you feel communication has improved please describe in what way it has or give an example.

**7. At the end of the course, do you:**

- Intend to join a course that will improve your skills/develop further interests? Yes  No
- Intend to join a course that will improve your skills and give you a qualification? Yes  No
- Plan to do more activities as a family? Yes  No
- Feel you have a more positive attitude to learning? Yes  No
- Intend to adopt a healthier lifestyle? Yes  No

**8. Have you used any of the following to help you take part in this activity?**

Child Care Yes  No  Additional Learning Support Yes  No

**9. How did you find out about the course?**

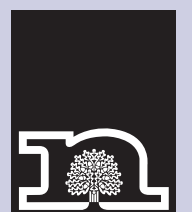
Leaflet  Word of Mouth  Local Newspaper

Other please specify

**10. (i) Do you have any suggestions that you feel would improve the course or ideas for new courses?**

**(ii) Can you briefly describe what difference this course has made to you and your family?**

Thank you for your time and help in completing this form.



**Nottinghamshire  
County Council**