

Family Math Night Feedback Form

1. How many children came with you tonight? _____
2. In what grade(s) are those children? Check all that apply.
 - ☐ Preschool
 - ☐ Pre-kindergarten
 - ☐ Kindergarten
 - ☐ First grade
 - ☐ Second grade
 - ☐ Third grade
 - ☐ Fourth grade
 - ☐ Fifth grade
3. Which of the following was **most important** in you deciding to come tonight?
 - ☐ Timing of the event. (_____ **a.m./p.m.** – _____ **a.m./p.m.**)
 - ☐ Day of the week the event is offered. (**M / T / W / TH / F / S / SU**)
 - ☐ Time of year the event is offered. (**Fall / Winter / Spring / Summer**)
 - ☐ My child wanted to come.
 - ☐ I want to learn more about how math is taught today and how to support my child at home with math.
 - ☐ Dinner served.
 - ☐ Other: _____
4. Circle whether you agree or disagree for the following questions:
 - a. I feel more knowledgeable about the math my child will learn in math class this school year. (**AGREE / DISAGREE**)
 - b. Family Math Night gave me useful information and resources about math. (**AGREE / DISAGREE**)
 - c. I am interested in attending another Family Math Night. (**AGREE / DISAGREE**)
5. What was the best part of the Family Math Night? Why?

6. What suggestions do you have so we can improve the event?

Tip: Insert the collected data into a prepared spreadsheet so you can see trends and patterns across all your feedback forms.