

Parent Feedback & Program Evaluation



Thank you for participating in the **Baby Connections®** program. Please complete this short evaluation form to share with us a little about your experience in the program and the impact it has had on you and your baby. This form will only take 2-3 minutes to complete.

Baby Connections is owned by the Strong Start Charitable Organization. By completing this form, you expressly consent to the collection, use and sharing of personal information submitted with this evaluation. The Strong Start privacy policy can be found at www.strongstart.ca.

In order to protect privacy and maintain confidentiality, your information is not analyzed or reported on an individual basis. Your individual information will not be shared with other organizations or individuals and can only be accessed by Strong Start.

Tell us:

Baby's month and year of birth: _____

Your relationship to the baby: _____

Language spoken at home: _____

Your postal code: _____



Please scan this QR code to complete this evaluation online



Please circle your response, e.g. (2)

1. In the Baby Connections program, I learned	Not at all		Some		A lot
a) more ways to read with my baby	1	2	3	4	5
b) more ways to talk and communicate with my baby.	1	2	3	4	5
c) more ways to read and communicate with my baby throughout the day and in different places (e.g., in the bath, at the park)	1	2	3	4	5
d) why it is important to read and talk with my baby when they are young	1	2	3	4	5
e) where to find more information to help my baby with reading and communicating	1	2	3	3	5
f) Information about using screen time with my baby	1	2	3	4	5

Please circle your response, e.g. **2**

2. Now that I finished the **Baby Connections** program,

	Not at all		Some		A lot
a) I read with my baby in more ways (e.g. label, point, repeat).	1	2	3	4	5
b) I talk and communicate with my baby in more ways (e.g. watch and listen, gesture, copy, interpret)	1	2	3	4	5
c) I read and talk with my baby more throughout the day and in different places (e.g. in the bath, at the park)	1	2	3	4	5

3. My baby and I use the books and items from the **Baby Connections** Kit:

- ☐ not at all
 ☐ 1-2 per week
 ☐ everyday
 ☐ many times each day

4. Since participating in the **Baby Connections** program, the biggest change at home that I have made with my baby is:

5. What I liked the most about **Baby Connections** was:

6. I wish that **Baby Connections** had:

Thank you!

Optional: ☐ Yes, I wish to receive **Baby Connections** communication and other important program and early literacy information from Strong Start.
 Email address: _____.

You can unsubscribe at anytime by emailing babyconnections@strongstart.ca with "Unsubscribe" in the subject line. For additional questions or comments, contact the Baby Connections Program Co-ordinator at 519-743-9578 ext. 110 or by emailing babyconnections@strongstart.ca.

