



CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.

EIN #: 87-0735538

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Parent Evaluation Form

Your input is important to us. Please take the time to answer following questions.

Please evaluate our program on a scale of 1 to 5 for the following criteria:

Circle 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent

Safety: 1 2 3 4 5

Flexibility: 1 2 3 4 5

Quality of sessions: 1 2 3 4 5

Premises: 1 2 3 4 5

Scheduling: 1 2 3 4 5

Did your child reach their personal goals? Yes No

If no, what was their specific goals? _____

Did your Child experience any other benefits? Yes No

If yes, what? _____

Longer period of time? Yes No

Ongoing group? Yes No

Free playtime? Yes No

Are you interested in doing a group again? Yes No

Optional:

Name: _____

Child's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for taking the time to complete this! Your feedback is very important to us. Please feel free to call or write with any additional suggestions or comments.