



IMPACT

Parent/Guardian Exit Survey

Youth's Name:		Start Date:	
Parent/Guardian:		End Date:	
Interviewed By:		Date Completed:	

5 = Strongly Agree 4 = Agree 3 = Undecided 2 = Disagree 1 = Strongly Disagree

1. The rules and guidelines of the IMPACT program were explained to you prior to your child beginning the program?
Comments:

2. IMPACT staff and Trackers were available to provide guidance and answer questions regarding the IMPACT program?
Comments:

3. The groups and educational activities provided to your child were worthwhile?
Were there any conflicts with programming requirements?
Comments:

4. The Privileges and limitations on each level were appropriate for your child?
Comments:

5. Overall, how was your experience with the IMPACT program?
(On a scale of 5 being the best and 1 being the worst):
Comments: