

Chestermere Therapy Dogs Society

Program: LISTENING TAILS (LT)

Parents/ Child Feedback

Name of parent/ child: _____

My child was reading with LT from _____ to _____

- 1) Have you seen an improvement in your child's reading skills/ confidence?

Please grade from 1 to 5 (5 is excellent) _____

Comments: _____

- 2) Did your child have a positive experience reading to the dogs?

Please grade from 1 to 5 (5 is excellent) _____

Comments: _____

- 3) Did the physical layout of the room create a relaxed environment?

Please grade from 1 to 5 (5 is excellent) _____

Comments: _____

- 4) Would you recommend the LT program to a parent whose child would like to improve their reading skills/ confidence?

Please grade from 1 to 5 (5 is excellent) _____

Comments: _____

5) If you had one comment about the program as a parent, what would it be?

Comments: _____

6) Does your child have a comment about the program?

Comments: _____

7) Do you have any suggestions on how the program could be improved?

Comments: _____