



**CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.**

**EIN #: 87-0735538**

**19535 Sea Pines Way**

**Boca Raton, FL 33498**

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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.**