

Free 2 Be Me Dance  
Parent Questionnaire

Name: (optional) \_\_\_\_\_

1. Did your child benefit from participating in Free 2 Be Me Dance?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. What aspects of Free 2 Be Me Dance did your child like best, please list:

a. \_\_\_\_\_

b. \_\_\_\_\_

Comments:

3. What aspects of Free 2 Be Me Dance did your child like the least, please list:

a. \_\_\_\_\_

b. \_\_\_\_\_

Comments:

4. Did you think the length of class was:

Too Long \_\_\_\_\_

Too Short \_\_\_\_\_

Just Right \_\_\_\_\_

Comments:

5. Would you like to have your child continue to participate in Free 2 Be Me Dance?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. Please list any other suggestions, recommendations and/or comments to help us improve the Free 2 Be Me Dance class:

Thank you for allowing your child to participate in Free 2 Be Me Dance and for completing the questionnaire.