

**CHILD DEVELOPMENT SERVICES  
FORT SILL, OKLAHOMA  
MODULE 11  
FAMILIES**

<b>NAME:</b>	<b>DATE:</b>	
	<b>YES</b>	<b>NO</b>
1. Shared information with parents about current activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Shared information with parents about future plans?	<input type="checkbox"/>	<input type="checkbox"/>
3. Reinforced the partnership between caregivers and parents?	<input type="checkbox"/>	<input type="checkbox"/>
4. Helped parents feel more involved in the program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Provided ways for parents to be more involved in sharing information?	<input type="checkbox"/>	<input type="checkbox"/>
6. Suggested ways to extend learning at home?	<input type="checkbox"/>	<input type="checkbox"/>
7. Made sure information is shared with all parents?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Caregiver Signature</b>	<b>Trainer's Signature</b>	