

Parent Feedback Session

Cluster No:

Name Of the group:

Mothers'	Fathers'
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Name of the Village:

Name of the Union:

Type of Village:

Light	Full/Intensive
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Name of the Group Facilitator:

Co-Facilitator (if any):

Instructions

This feedback session will be conducted by a senior Tipping Point staff member at the end of every Facilitator Observation Session. The session observer should conduct this feedback session without the group facilitator in the room.

Before beginning the activity, the moderator should take the following steps:

1. Explain the purpose of this meeting to the group members. Explain that the activity is a way to understand how the group members are feeling about the Tipping Point Project activities so far.
2. Clarify that this is not an activity to test any group member's knowledge. This activity is for TP team to understand how parents are feeling about the project activities so that the project can improve.
3. Say that the total time taken to conduct the feedback session will be 20 minutes.
4. Emphasize that the meeting will be completely anonymous. Names of the participants providing feedback will not be noted.

Follow the following steps during the activity:

5. Read to group members:

"I will read you a series of statements. If you agree with the statement, we want you to raise your hand to your chest. If you disagree, do not do anything.

I will read each statement twice. The first time I read a statement do not do anything – but think about whether you agree or disagree with the statement. I will then read the same statement a second time: raise your hand to your chest if you agree and do not do anything, if you disagree.

We will not record any names or remember who agreed or disagreed. We will only be tallying the total numbers who agreed or disagreed with each statement. Please answer truthfully on whether the statements is true for you personally. Do not worry about answering correctly or incorrectly. This will not affect your membership in the group. After the activity is over, we will have a discussion and go through each item. You can ask me any questions at that time.

Now I want to ask everyone to sit in a circle with their backs facing the center of the circle.

6. Read to group members: Is everyone ready to proceed with the exercise? Please raise your hand to your chest if you agree to participate.

Record number who agree to participate: _____

Thank you. Now we will begin. If you would like to stop participating at any time, it is also okay.

Moderator, please read all statements	Agree	Disagree	Any comments made by group members (which the moderator would like to note)
I wish this group met more often			
I wish this group met less often			
I think the instructions provided by the facilitator in my group are clear			
My group facilitator has been able to hold my interest in the group till now			
I discuss what I have learned with others in my family			
I discuss what I have learned with others in my community			

7. Read to the group members: Thank you for participating in this exercise. We will use this information to try and improve our program.

8. Re-arrange seating so that everyone is comfortable for the discussion

Read to the group members: Now, we will have a discussion for 10 minutes about your thoughts about the Tipping Point sessions.

9. Read the following statements to the group members one by one and pause for them to provide their comments on each of these statements.

A. Do you feel that the Tipping Point Sessions are useful?

B. Do you have any suggestions for improving the sessions?

C. Have you had any problems with your group facilitator?

D. Do you have any suggestions for your facilitator and co- facilitator?

10. Read to the group members: Thank you so much for taking out the time to participate in the activity. As mentioned before, this feedback will be kept completely anonymous.

After completing the activity:

11. As the feedback session moderator, please note below, the most significant things to be noted from this session: about the participants' expectations and perception of the project; any specific feedback about the FF and Co-FF of the group etc.

Date: _____ Name: _____ Designation: _____ Sign: _____