WE WANT TO KNOW WHAT **YOU** THINK

1.	Was the time of day we had the program good for you?	
	□ Yes □No	
	If no, what time would be better? □Morning	
	□ Evening	
2.	What did you think about the speakers? (Check <u>all</u> of the boxes that say how yo feel.)	ou
	☐ Easy to understand	
	☐ Told me things that helped me with my problems	
	☐ Told me things that are good to know	
	☐ Too hard to understand	
	☐ Didn't tell me anything helpful that I didn't already know	
3.	How did you hear about today's program? (Check <u>all</u> of the boxes that tell how eard.)	v you
	☐ From a Community Action Center Auditorium Worker	
	☐ From Legal Services	
	☐ I saw a flyer at	
	☐ From TV, the radio, or the newspaper	
	☐ A friend or family member	
4.	Would you be interested in legal advice programs on:	
	☐ Divorce & Custody	
	☐ Child Support Collection	
	☐ Protection from Abuse	
	☐ Other	