

Fun Fit Programme Parent Questionnaire – End of programme

1. What is your child's name? _____
2. How old is your child? _____
3. Since taking part in Fun Fit do you think your child has got better at any of the following? (please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Throwing, catching, kicking | <input type="checkbox"/> P.E. |
| <input type="checkbox"/> Balancing | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Handwriting | <input type="checkbox"/> Building things |
| <input type="checkbox"/> Using cutlery | <input type="checkbox"/> Using scissors |
| <input type="checkbox"/> Using a computer | <input type="checkbox"/> Concentrating |

Please comment

4. Since taking part in Fun Fit have you noticed any change in your child's confidence?

- Yes No Sometimes

Please comment

5. Since taking part in Fun Fit have you noticed any change in your child's ability to learn?

- Yes No

Please comment

Thank you!