

Participant Evaluation

Region: _____	Library Name: _____
Today's Date (dd/mm/yy): _____	Term: (please circle) 1 2 3 4

1) Approximately how many *Wriggle & Rhyme* sessions have you attended this term (9-10wks)? _____

2) Were you a library member before attending the *Wriggle & Rhyme* programme? Yes No
 If you answered 'No' have you since become a member? Yes No

3) From coming to the sessions over the past term (9-10wks), please tick the **key messages** you have learnt:

<input type="checkbox"/> Quality physical movement experiences	<input type="checkbox"/> Enjoy the time your infant spends crawling before encouraging walking
<input type="checkbox"/> Tummy time to strengthen muscles used for moving & exploring	<input type="checkbox"/> Playing with a ball helps develop 'hand-eye' or 'foot-eye' coordination
<input type="checkbox"/> Eye muscles strengthened when the eyes move	<input type="checkbox"/> Hand and finger play helps develop fine-motor skills
<input type="checkbox"/> Allowing child to play outside increases oxygen and endorphins in the blood	<input type="checkbox"/> Songs, rhymes and finger play develops awareness of different emotions and feelings
<input type="checkbox"/> Massage teaches baby about the body- size and shape	<input type="checkbox"/> Children enjoy doing simple repetitive activities
<input type="checkbox"/> Slow, spinning activities develop vestibular/ motor coordination	<input type="checkbox"/> None

4) Do you feel **confident** to apply Active Movement skills/activities at home with your child? Yes No

5) Do you **use** the Active Movement skills/activities with your child outside of the library sessions? Yes No

6) Have you used the Active Movement **resources** at home over the past term (9-10wks)? Yes No

If YES, please circle which: *Set of 14 Activity Guides* *DVD Series 1* *DVD Series 2*

If you circled the activity guides, please state which guide(s) you use most regularly:

7) Over the past term (9-10wks) have you used any **other** resources/equipment for Active Movement activities at home?

Yes No If yes, which resources: _____

8) Since participating in the *Wriggle & Rhyme* programme have you checked out any books relating to movement activities for children, early childhood development, etc?

Yes No If yes, which books: _____

9) Do you participate in any other similar **community** activities/programmes with your child?

E.g. pram walks, Plunket groups, Playgym, Mainly Music, Jumping Beans, swimming lessons, Gymbaroo, other...

Yes No If yes, which activities: _____

Thank you for your support!