



Northwestern Youth Fire Intervention
Response, Education and Safety Partnership

A Community Response to Youth-Set Fires

PARENT/GUARDIAN SURVEY

1. Overall, did you have a positive experience with NoFIREs? YES_____ NO_____

Comments/Suggestions:

2. Was the screening process handled in a professional manner? YES_____ NO_____

Comments/Suggestions:

3. Was the in-home screening helpful and informative? YES_____ NO_____

Comments/Suggestions:

4. Was the NoFIREs staff courteous and respectful at all times? YES_____ NO_____

Comments/Suggestions:

4. Did your child benefit from the Fire Safety Classes? YES_____ NO_____

Comments/Suggestions:

5. Do you have ongoing concerns about Fire Safety that we can help with?

6. What can we do to make our program better?

Parent Name (optional):_____ Date:_____

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