



**4.12 Leadership Training Program
PARENT EVALUATION**

Name of Applicant: _____

Name of Parent(s) filling out evaluation: _____

1. How have you seen the 4.12 Leadership Training Program benefit your child?

2. Are there any spiritual, mental, physical, or emotional changes in your child that Joy El should be aware of?

3. Could you recommend your son/daughter to continue to participate in the 4.12 Leadership Training Program? Why or why not?

Signed _____ Date _____

ALL INFORMATION GIVEN IS HELD IN CONFIDENCE.

Please complete and return to: Joy El Generation
4.12 LTP
3741 Joy EL Drive
Greencastle, PA 17225
717-369-4539