

Family Resource Center Survey

We want to learn if our services have helped you and your family. There are no right or wrong answers. Please answer the questions honestly. Your participation is voluntary and your responses are **confidential**. Thank you!!

Today's date (mm/dd/yy): _____

1. In what language do you prefer receiving services? (check only one)

- English
 Spanish
 Mixteco
 Other, please specify: _____

2. Which ethnicity or race best describes you? (check only one)

- Alaskan Native/American Indian
 Hispanic/Latino
 Multiracial
 Asian
 Pacific Islander
 Other, please specify: _____
 Black/African American
 White

3. About how long have you been visiting this Family Resource Center?

- Less than a month
 1-6 months
 7-12 months
 More than a year

4. Is the location of this Family Resource Center convenient for you? Yes No

5. Were services offered at times that were convenient for you? Yes No

6. Was the Family Resource Center pleasant and inviting? Yes No

How helpful has Program Staff been with ...

**Very
Helpful**
 **Some-
what
Helpful**
 **Not
Very
Helpful**
 **Not
At All
Helpful**

	Very Helpful	Some- what Helpful	Not Very Helpful	Not At All Helpful
7. talking with you about what you think is important for your child and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. listening to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. asking you about your family's strengths, needs and interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. understanding your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. working respectfully with your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. respecting your culture and traditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. communicating with you in your language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. putting you in contact with other families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. giving you access to a range of services that are helpful to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. creating a welcoming environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. providing you with the services and/or referrals you need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. responding to your needs in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please turn over to complete this survey

As a result of this program ...	Strongly Agree	Agree	Disagree	Strongly Disagree
19. I know who to contact in the community when I need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The issue that brought me here has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My needs were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I am reaching goals I set for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I have less stress in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have others I can turn to if there is a crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please tell us what was most helpful about the services you received. _____

26. Please tell us if there was anything you didn't like about the services you received. _____

27. What needs of yours, if any, were **not** met by the Family Resource Center services? _____

28. What suggestions do you have to make our services more helpful to other families? _____

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
29. Overall, how satisfied are you with the services you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very Comfortable	Comfortable	Uncomfortable	Very Uncomfortable
30. Overall, how comfortable are you with the program staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Would you recommend these services to others? Yes No Unsure

Thank you for your participation!

For Staff Use Only

Location: _____