

Early Learning for Parents and Children Together (PACT) 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!!

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

Start time of class (hour:minutes): _____

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 participated in this program?
 - Less than a month 1-6 months 7-12 months More than a year

4. About how many times have you attended this program?
 - 1-2 times 3-4 times 4-6 times More than 6 times

5. Was the location of this program convenient for you? Yes No
6. Was the environment pleasant and inviting? Yes No
7. Was this program offered at times that were convenient for you? Yes No

How helpful has <u>Program Staff</u> been with ...	Very Helpful	Some-what Helpful	Not Very Helpful	Not At All Helpful
8. 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"/>
9. listening to what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. working respectfully with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. working respectfully with you?	<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. connecting you with other parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. giving you useful information about your child's development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. giving you useful information about how to help your child learn new skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. showing you different ways to play and interact with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. sharing ideas on how to support your child's behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. pointing out things you do that help your child learn and grow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. asking you about your family's strengths, needs and interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. showing you the importance of reading often to your child?	<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
22. I spend more time playing and interacting with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am reading to my child more often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I go to the library more often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My child watches TV less often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I interact with other parents more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I now have other families I can depend on for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. We have better routines at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I am able to respond to my child's cues better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I have noticed my child develop and learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I get along better with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I feel closer to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. My child's behavior has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I can support my child's behavior better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

36. Please tell us how your interactions with your child have changed since participating in this program.

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

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

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
39. Overall, how satisfied are you with this program for you and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

41. Would you recommend this class to others? Yes No Unsure

Thank you for your participation!

For Staff Use Only	
Location: _____	Number of sessions: _____