

Parent Education Program 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): _____ Language class was provided in: _____

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 many times did you attend this class? 1 2 3 4 5 6 or more

4. Was the location of this class convenient for you? Yes No

5. Was the environment pleasant and inviting? Yes No

6. Was this class offered at a time that was convenient for you? Yes No

Please check the extent to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
7. The teacher/presenter communicated in a way that was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teacher/presenter was knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The class materials were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. This class covered what I expected it to cover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I learned something new in this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I plan to use what I learned in this class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My culture and traditions were respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall, the class was a valuable experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of this program...	Strongly Agree	Agree	Disagree	Strongly Disagree
15. I get along better with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My expectations about my child's ability are more realistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My child can do what is appropriate for his/her age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel closer to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My child's behavior has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have positive strategies I can use to support my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I find parenting more rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please turn over to complete this survey

22. What from this class was most useful to you? _____

23. What will you do differently after taking this class? _____

24. What other topics should we cover in our classes? _____

25. Overall, how satisfied are you with this class?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Overall, how comfortable are you with the program staff?

Very Comfortable	Comfortable	Uncomfortable	Very Uncomfortable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Would you recommend this class to others?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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Thank you for your participation!

For Staff Use Only

Location: _____

Number of sessions: _____