

**Program Format:**

- In person
- Virtual (online)
- Other: \_\_\_\_\_



**Today's Date:**

\_\_\_\_ (Month) \_\_\_\_ (Date) \_\_\_\_ (Year)

## Parent Education Post Survey

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*If you have more than one child, think of the child who brought you here or pick one child randomly. Please select one answer for each question.*

1. Please enter your Date of Birth (required):

\_\_\_\_ (Month) \_\_\_\_ (Date) \_\_\_\_ (Year)

2. I do not have as much patience with my child(ren) as I should

- Strongly disagree**       **Disagree**       **Neither disagree or agree**       **Agree**       **Strongly agree**

3. I try to make rules that take my child's individual needs into consideration.

- Definitely true**       **Sort of true**       **Sort of false**       **Definitely false**

4. I honestly believe I have the skills necessary to be a good caregiver.

- Strongly disagree**       **Disagree**       **Neither disagree or agree**       **Agree**       **Strongly agree**

5. How often do you yell at your child?

- Never**       **Sometimes**       **About half the time**       **Most of the time**       **All the time**

6. I try to explain the reasons for the rules I make. (Would you say this is...)

- Definitely true**       **Sort of true**       **Sort of false**       **Definitely false**

7. How many times in the *past week* have you shown your child physical affection (kiss, hug, stroke hair, etc.)?

- 0-7 times in the past week**       **8-14 times in the past week**       **15-25 times in the past week**       **26 or more times in the past week**       **I have not seen my child this past week**

8. How many times in the *past week* have you told another adult (spouse, friend, co-worker, visitor, relative) something positive about your child?

- 0-4 times in the past week**       **5-7 times in the past week**       **8-10 times in the past week**       **11 or more times in the past week**

**-OVER-**

9. How often do you read to your child or does your child read for enjoyment?

- Everyday**    **Several times a week**    **Several times a month**    **Several times a year**    **Never**    **I do not know**

10. Think for a moment about a typical weekday for your family. How much time – either in your home or elsewhere – would you say your child spends engaged in screen time activity that is NOT educational (for example: watching television, iPad, computer, etc.) on a typical weekday?

**Please write in number of hours per weekday: \_\_\_\_\_ OR  Do not know**

11. Sometimes a person needs the support of people around them. When you need someone to listen to your problems when you're feeling low, are there...

- Enough people to count on**    **Too few people to count on**    **No one you can count on**

12. Please tell us in 1-2 sentences what is the most important thing you learned from attending this parenting class?

**Please write your response here:**

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