

**Family Support Program Outcome Survey Cover Sheet**

Program Code \_\_\_\_\_

**FOR STAFF USE ONLY**

1. Date survey completed: \_\_\_\_/\_\_\_\_/\_\_\_\_      2. Date participant began program \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Participant ID # \_\_\_\_\_

4. Participant referred by or has had involvement with child protection system.

NO       YES       NOT SURE

5. How was the survey completed? Check One:

- A Questionnaire completed by face to face interview (interviewer: \_\_\_\_\_)
- B Questionnaire completed by phone interview (interviewer: \_\_\_\_\_)
- C Questionnaire completed by participant with program staff available to explain items as needed
- D Questionnaire completed by participant without program staff present for assistance
- E Questionnaire was mailed to participant, completed, and returned without program staff assistance

5a. If survey was not administered in English, which language was used?  N/A \_\_\_\_\_

6. Type of program: Check all that apply

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A Parent Education                | <input type="checkbox"/> B Parent Support Group                        | <input type="checkbox"/> C Adult Ed/GED Preparation  |
| <input type="checkbox"/> D Planned and/or Crisis Respite   | <input type="checkbox"/> E Home Visiting                               | <input type="checkbox"/> F Fatherhood Program        |
| <input type="checkbox"/> G School-based Skills/Readiness   | <input type="checkbox"/> H Couples Group                               | <input type="checkbox"/> I Teen Parent Support Group |
| <input type="checkbox"/> J Parent/Child Interaction        | <input type="checkbox"/> K Literacy Program                            | <input type="checkbox"/> L Parenting Teens           |
| <input type="checkbox"/> M Homeless/Transitional Housing   | <input type="checkbox"/> N Family Resource Center                      | <input type="checkbox"/> O Pre-Natal Class           |
| <input type="checkbox"/> P Advocacy (self, community)      | <input type="checkbox"/> Q Resource and Referral                       | <input type="checkbox"/> R Employment                |
| <input type="checkbox"/> S Skill Building/Ed. for Children | <input type="checkbox"/> T Grandparents Raising Grandchildren Services |  |

U Other \_\_\_\_\_



## Family Support Program Outcome Survey, Page 2

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree,' please rate how much you agree with the following statements. Rate each statement twice—how you felt before this program and how you feel today.

|   |        | Strongly Disagree |   |   |   |   |   |   | Strongly Agree |  |                          |
|---|--------|-------------------|---|---|---|---|---|---|----------------|--|--------------------------|
| 1) I have relationships with people who provide me with support when I need it. | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|   | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |
| 2) I know who to contact in the community when I need help.                     | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|   | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |
| 3) I have confidence in my ability to parent and take care of my children.      | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|   | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |

3a) If your level of confidence as a parent has improved since you started this program, what helped the most?

3b) If your level of confidence as a parent has stayed the same or decreased since you started this program, please let us know what we can do differently to help you feel more confident as a parent.

|  |        | Strongly Disagree |   |   |   |   |   |   | Strongly Agree |  |                          |
|--|--------|-------------------|---|---|---|---|---|---|----------------|--|--------------------------|
| 4) When I am worried about my child I have someone to talk to.                     | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|  | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |
| 5) I know how to meet my family's needs with the money and resources I have.       | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|  | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |
| 6) I can stand up for what my family and children need.                            | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|  | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |
| 7) I make choices about family schedules and activities that reduce family stress. | Before | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | Does not Apply           |
|  | Today  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |  | <input type="checkbox"/> |

**Family Support Program Outcome Survey, Page 3**

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement just once.

|   | Strongly Disagree |   |   |   |   |   |   | Strongly Agree |                          |
|---|-------------------|---|---|---|---|---|---|----------------|--------------------------|
| 8) This program has helped me improve my parenting skills.          | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |                          |
| 9) This program has helped me reduce stress in my life.             | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |                          |
| 10) My ideas and opinions are welcomed and included in the program. | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |                          |
| 11) I feel that the program staff respects me.                      | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |                          |
| 12) This program is helping me reach my goals for my family and me. | 1                 | 2 | 3 | 4 | 5 | 6 | 7 |                |                          |
| 13) Parents in this program learn from each other.                  | 1                 | 2 | 3 | 4 | 5 | 6 | 7 | Does not Apply | <input type="checkbox"/> |

14) What do you like most about this program?

15) What suggestions do you have for program improvement?

**Additional Questions.**

**Family Support Program Outcome Survey, Additional Program Items**

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement twice—how you felt before this program and how you feel today.

|                       |        | Strongly Disagree |   |   |   |   | Strongly Agree |   |
|-----------------------|--------|-------------------|---|---|---|---|----------------|---|
| Your survey item here | Before | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
|                       | Today  | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
| Your survey item here | Before | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
|                       | Today  | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
| Your survey item here | Before | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
|                       | Today  | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
| Your survey item here | Before | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
|                       | Today  | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |

On a scale from 1-7, with 1 as 'strongly disagree' and 7 as 'strongly agree', please rate how much you agree with the following statements. Please rate each statement just once.

|                       | Strongly Disagree |   |   |   |   | Strongly Agree |   |
|-----------------------|-------------------|---|---|---|---|----------------|---|
| Your survey item here | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
| Your survey item here | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
| Your survey item here | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |
| Your survey item here | 1                 | 2 | 3 | 4 | 5 | 6              | 7 |