



FRC Parent Triple P Workshop Survey

Today's Date: _____(mm/dd/yyyy)

This survey asks about the **Triple P** workshop you attended. Your answers will help us to improve the services we provide. There are no right or wrong answers.

Please rate how much you agree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I learned useful things from this program that I can use at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I could easily understand the program materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This program will have a lot of impact on me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I plan to use the knowledge I gained in this workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This program provided me with skills that I intend to use with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel connected to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Creating a nurturing environment in the home is a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I intend to establish daily routines with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Social and emotional development of my child is a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Reading, talking, singing, and playing with my child frequently are a priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I intend to give my child daily positive affirmations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the next items, rate how much you knew **BEFORE** you participated in the program (1 = Low, 5 = High). Then rate how much you know **NOW** after participating in the program.

If a question asks about one child, think about your child (age 0-5) who will benefit from what you learned. If more than one child will benefit, think about your child (age 0-5) whose birthday is coming up next.

***NOTE:** Triple P may not have covered all of the topics below. If this is the case, your answers may be the same for "Before" and "Now."

	BEFORE I attended the program					NOW				
	Low 1	2	Avg 3	4	High 5	Low 1	2	Avg 3	4	High 5
12. I know ways of communicating that help me have positive conversations with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I know techniques to help me prepare in advance to prevent or reduce misbehavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have tools to provide my child with clear expectations for his/her behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I know about community resources and services to help address my child's and family's need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am equipped to handle my child's misbehavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel confident in undertaking my responsibilities as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am supported in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. I know the importance of helping my child develop skills to manage his/her emotions and feelings.

20. What are some techniques for guiding your child's behavior that you intend to use from this workshop?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

21. Do you have any suggestions to share?

Thank you for completing this questionnaire! FIRST 5 would like to hear more from you in the future. If you are willing, please write your email address below so FIRST 5 can contact you about upcoming opportunities to provide us with your feedback.

E-mail address: _____