**OCF P-3**

**Family Event Series Outcome Survey**

***Instructions:*** *Please complete this form at the last session of the Family Events/Programs/Workshops you participated in. By sharing your experiences, and what you learned (or didn’t learn), you will help us improve our programs in the future. Thank you!* **\*NOTE: Please complete only one survey per family.**

| **How would you rate the following:** | **Did Not Discuss or Not Applica-ble** | **Before participating in the program** | **After participating in the program** |
| --- | --- | --- | --- |
| **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat****Agree** | **Definitely Agree** | **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat Agree** | **Definitely Agree** |
| 1. I know that school attendance is important to my child’s academic success.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel confident in knowing how to best promote my child’s reading at home.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel confident in knowing how to best promote my child’s math skills at home.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I am prepared to help my child enter kindergarten.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. My child is comfortable at the school.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel welcome at the school.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. My child is ready to start kindergarten.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. My child gets along with other children in a group (shares, take turns, does not hit or argue).
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1. My child understands and can follow rules.
 | **NA** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| **How would you rate the following:** | **Definitely Disagree** | **Somewhat Disagree** | **Neutral** | **Somewhat****Agree** | **Definitely Agree** |
| --- | --- | --- | --- | --- | --- |
| 10. | This program helped me make connections with other parents. | 1 | 2 | 3 | 4 | 5 |
| 11. | This program helped me make connections with teachers and staff (e.g., administrators, secretary).  | 1 | 2 | 3 | 4 | 5 |
| 12. | The information shared in the program was useful.  | 1 | 2 | 3 | 4 | 5 |
| 13. | I am very satisfied with this program.  | 1 | 2 | 3 | 4 | 5 |

**Please turn over**

1. What was most helpful or useful to you and/or your child in this program?

1. What suggestions do you have to make this program better?
2. **What is your relationship to this child?**

\_\_\_ Mother \_\_\_Father \_\_\_Grandmother \_\_\_Grandfather \_\_\_Other, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your marital status?** Please check only ONE.

 \_\_\_ Single \_\_\_Married \_\_\_ Divorced/Separated/Widowed \_\_\_Living with Partner

1. **What is the race/ethnicity of your child?** Check all that apply.

|  |  |
| --- | --- |
| * White
 | * Asian
 |
| * African American
 | * Native Hawaiian/Pacific Islander
 |
| * Latino/Hispanic
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Alaska Native/American Indian
 |

1. **What language(s) do you most often speak at home?** Check all that apply.

|  |  |  |
| --- | --- | --- |
| * English
 | * Spanish
 | * Russian
 |
| * Ukrainian
 | * Vietnamese
 | * Cantonese
 |
| * Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |

**20. How many total children under 18 years old are in your household? \_\_\_\_\_**

List ages of all children living in the home: **\_\_\_\_, \_\_\_\_, \_\_\_\_ , \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_**

**ADMIN USE ONLY (Please complete all relevant fields below)**

School/Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Survey ID

Event Title/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mo Day Year