

# AU/CTF Evaluation Project Retrospective Pre-Post Survey 2008-2009



# Instructions to Provide to Participants

It is important that participants understand how to complete the retrospective survey when you give it to them at the end of your program. If they do not pay attention to the instructions, they may not complete it correctly. The following information should be used to explain the instructions to participants when you give them the survey:

*This survey asks about things related to the program you have just finished. For each question, provide **two responses**. The **left side** of the page is where you will fill in the circle to tell us about these things **before you participated** in this program. The **right side** of the page is different. Fill in the circle on that side to let us know about these things **now that you have participated** in the program.*

Also, the responses from these surveys will be scanned by a computer, so it is important that participants fill in the appropriate circle with a dark pencil or pen. If they make a mistake that cannot be erased, tell them to mark through the incorrect answer with a BIG X. Review with them the example at the top of the survey about the correct way to fill in the circle:

Please fill in the circles like this: ● NOT like this: ⊗ ☑

Quarter Submitted:     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>



**\*Give this survey to people at their last session only.\***  
**PY 2008-2009 Respite Care Programs**



Participant ID # \_\_\_\_\_

Program Contract # \_\_\_\_\_

How many respite hours did you use? \_\_\_\_\_ hours.

How many times did you use respite services? \_\_\_\_\_ times.

Your responses below will be scanned by a computer, so please fill in the appropriate circle with a **dark pencil or pen**. *If you make a mistake that cannot be erased, mark through the incorrect answer with a BIG X.* Please *provide two responses* for each statement below. On the left, fill in the circle to describe where you were *before* participating in this program. On the right, fill in the circle to describe where you are *after* participating in this program.

**Please fill in the circles like this:**    ●

**NOT like this:**    ☒    ☑

**Before participating in this program...**

**After participating in this program...**

Was    Was    Was    Was  
 Poor    Fair    Good    Excellent

Is    Is    Is    Is  
 Poor    Fair    Good    Excellent

- |                       |                       |                       |                       |  |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. My knowledge of community resources where I can receive help.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My commitment to using available social services that apply to me.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My knowledge of children's development at different ages.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My knowledge of the best activities for my child based on his/her age.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My knowledge of what parenting responses are best to use when my child is not behaving. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My ability to use several forms of positive discipline.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. My knowledge of ways to manage stress.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Was Poor	Was Fair	Was Good	Was Excellent		Is Poor	Is Fair	Is Good	Is Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. My knowledge of ways to manage anger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. My knowledge of what sexual abuse of a child involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. My knowledge of how to respond to sexual abuse situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. My knowledge of what physical abuse of a child involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. My knowledge of how to respond to physical abuse situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. My knowledge of what emotional abuse of a child involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. My knowledge of how to respond to emotional abuse situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. My commitment to seek informal support (e.g., from friends, family, etc.) regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. My knowledge of who to turn to in times of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. My knowledge of my child's positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. My knowledge of what positive parenting involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quarter Submitted:     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>



**\*Give this survey to people at their last session only.\***  
**PY 2008-2009 Child-Focused Programs (6<sup>th</sup> grade and above)**



Participant ID # \_\_\_\_\_

Program Contract # \_\_\_\_\_

How many hours did you participate in this program? \_\_\_\_\_ hours.      How many sessions did you participate in? \_\_\_\_\_ sessions.

Your responses below will be scanned by a computer, so please fill in the appropriate circle with a **dark pencil or pen**. *If you make a mistake that cannot be erased, mark through the incorrect answer with a **BIG X**.* Please *provide two responses* for each statement below. On the left, fill in the circle to describe where you were *before* participating in this program. On the right, fill in the circle to describe where you are *after* participating in this program.

**Please fill in the circles like this:**    ●

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**Before participating in this program...**

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- |                       |                       |                       |                       |  |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. My ability to handle anger.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My ability to work out conflict with others.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My ability to clearly communicate my ideas or intentions.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My ability to keep my behavior within acceptable limits, so that I do not get into trouble.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My ability to recognize abuse and/or neglect.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My commitment to telling school and/or agency staff about abusive and/or neglectful situations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. My knowledge of where to get help for a situation of abuse and/or neglect.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. My knowledge of how to get along with other people.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Was Poor	Was Fair	Was Good	Was Excellent		Is Poor	Is Fair	Is Good	Is Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. My ability to get along with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. My ability to develop and maintain friendships with peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. My ability to be supportive toward others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. My knowledge of how to make good decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. My ability to accurately label my own emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. My ability to accurately label other people's emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. My knowledge of my positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. My ability to recognize other people's positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. My knowledge of the best way to respond to another person's emotions and/or feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. My commitment to going to school almost every school day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. My commitment to attending all meetings with my probation officer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. My commitment to avoiding criminal behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. My commitment to staying in or returning to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. My knowledge of the negative results of drug abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. My commitment to stay free of drug abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. My knowledge of the negative results of tobacco use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. My commitment to stay tobacco free.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



A tiny bit

Some

A lot



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- 8. About how to help others when they are sad, lonely, or scared.
- 9. About good touch and bad touch.
- 10. About how to control my angry or mad feelings.
- 11. About how to get help if people are being mean to me.
- 12. About how to choose the right thing to do.
- 13. About what I am really good at.

A tiny bit

Some

A lot



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Quarter Submitted:     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>



**\*Give this survey to people at their last session only.\***  
**PY 2008-2009 Home Visiting and Parent Education/Support Programs**



Participant ID # \_\_\_\_\_

Program Contract # \_\_\_\_\_

How many hours did you participate in this program? \_\_\_\_\_ hours.

How many sessions did you participate in? \_\_\_\_\_ sessions.

Your responses below will be scanned by a computer, so please fill in the appropriate circle with a **dark pencil or pen**. *If you make a mistake that cannot be erased, mark through the incorrect answer with a BIG X.* Please *provide two responses* for each statement below. On the left, fill in the circle to describe where you were *before* participating in this program. On the right, fill in the circle to describe where you are *after* participating in this program.

**Please fill in the circles like this:**    ●

**NOT like this:**    ⊗    ☺

**Before participating in this program...**

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Was    Was    Was    Was  
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- |                       |                       |                       |                       |  |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. My knowledge of community resources where I can receive help.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My commitment to using available social services that apply to me.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My knowledge of children's development at different ages.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My knowledge of the best activities for my child based on his/her age.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My knowledge of what parenting responses are best to use when my child is not behaving. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My ability to use several forms of positive discipline.                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. My knowledge of ways to manage stress.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. My knowledge of ways to manage anger.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Was Poor	Was Fair	Was Good	Was Excellent		Is Poor	Is Fair	Is Good	Is Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. My knowledge of what sexual abuse of a child involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. My knowledge of how to respond to sexual abuse situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. My knowledge of what physical abuse of a child involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. My knowledge of how to respond to physical abuse situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. My knowledge of what emotional abuse of a child involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. My knowledge of how to respond to emotional abuse situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. My commitment to seek informal support (e.g., from friends, family, etc.) regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. My knowledge of who to turn to in times of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. My knowledge of my child's positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. My knowledge of what positive parenting involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. My commitment to keeping my child up-to-date on required shots.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. My commitment to keeping my child current on well-baby check-ups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. My knowledge of nurturing behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. My knowledge of how to respond to my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. My ability to recognize when I am at risk for harming my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. My ability to stop myself when I am at risk for harming my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quarter Submitted:     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>



**\*Give this survey to people at their last session only.\***

**PY 2008-2009 Community Awareness Programs**



Participant ID # \_\_\_\_\_

Program Contract # \_\_\_\_\_

How many hours did you participate in this program? \_\_\_\_\_ hours.

How many sessions did you participate in? \_\_\_\_\_ sessions.

Your responses below will be scanned by a computer, so please fill in the appropriate circle with a **dark pencil or pen**. *If you make a mistake that cannot be erased, mark through the incorrect answer with a **BIG X**.* Please *provide two responses* for each statement below. On the left, fill in the circle to describe where you were *before* participating in this program. On the right, fill in the circle to describe where you are *after* participating in this program.

**Please fill in the circles like this:**    ●

**NOT like this:**    ⊗    ⊙

**Before participating in this program...**

**After participating in this program...**

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Is    Is    Is    Is  
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- |                       |                       |                       |                       |  |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. My awareness of child abuse and neglect.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My ability to recognize abuse and/or neglect.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My commitment to reducing my likelihood of abusing/neglecting a child.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My commitment to reporting child abuse/neglect to social services when I suspect it is occurring. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My knowledge of intervention strategies to use in the event of abuse and/or neglect.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My knowledge of ways to prevent child abuse and/or neglect.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Quarter Submitted:     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>



**\*Give this survey to people at their last session only.\***  
**PY 2008-2009 Fatherhood Programs**



Participant ID # \_\_\_\_\_

Program Contract # \_\_\_\_\_

How many hours did you participate in this program? \_\_\_\_\_ hours.

How many sessions did you participate in? \_\_\_\_\_ sessions.

Your responses below will be scanned by a computer, so please fill in the appropriate circle with a **dark pencil or pen**. If you make a mistake that cannot be erased, mark through the incorrect answer with a **BIG X**. Please **provide two responses** for each statement below. On the left, fill in the circle to describe where you were **before** participating in this program. On the right, fill in the circle to describe where you are **after** participating in this program.

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- |                       |                       |                       |                       |   |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. My commitment to making full child support payments each month.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My intention of finishing high school.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My intention of going to vocational training and/or college.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My intention of working at least 20 hours in a week for 3 months in a row.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My commitment to staying in school.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My commitment to maintain civil interactions with child support enforcement personnel. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. My commitment to being around my child at least a few times a week.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. My commitment to avoid the occurrence of unplanned or repeat pregnancy.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Was Poor	Was Fair	Was Good	Was Excellent		Is Poor	Is Fair	Is Good	Is Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. My commitment to spending at least 1 day a week doing a family activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. My commitment to working cooperatively with my child's other parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. My quality of my relationship with my child's other parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. My knowledge of children's development at different ages.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. My knowledge of the best activities for my child based on his/her age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. My knowledge of what parenting responses are best to use when my child is not behaving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. My ability to use several forms of positive discipline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. My knowledge of my child's positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. My knowledge of what positive parenting involves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. My knowledge of nurturing behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. My knowledge of how to respond to my child's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. My ability to recognize when I am at risk for harming my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. My ability to stop myself when I am at risk for harming my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. My knowledge of community resources where I can receive help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. My ability to establish and maintain a relationship with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quarter Submitted:     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>



**\*Give this survey to people at program completion only.\***  
**PY 2008-2009 Assessment & Referral Services**



Participant ID # \_\_\_\_\_

Program Contract # \_\_\_\_\_

How much time did you participate in this program? \_\_\_\_\_. How many sessions did you participate in? \_\_\_\_\_ sessions.

Your responses below will be scanned by a computer, so please fill in the appropriate circle with a **dark pencil or pen**. *If you make a mistake that cannot be erased, mark through the incorrect answer with a **BIG X**.* Please *provide two responses* for each statement below. On the left, fill in the circle to describe where you were *before* participating in this program. On the right, fill in the circle to describe where you are *after* participating in this program.

**Please fill in the circles like this:**    ●                      **NOT like this:**    ⊗    ⊙

**Before participating in this program...**

**After participating in this program...**

Was    Was    Was    Was  
 Poor   Fair   Good   Excellent

Is    Is    Is    Is  
 Poor   Fair   Good   Excellent

- |                       |                       |                       |                       |   |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. My knowledge of community resources where I can receive help.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My commitment to using available social services that apply to me.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My knowledge of ways to manage stress.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My commitment to seek informal support (e.g., from friends, family, etc.) regularly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My knowledge of who to turn to in times of trouble.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My commitment to further my education (GED/college).                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. My ability to advocate for myself and my child.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. My self-esteem and self-confidence.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. My ability to establish and set goals appropriate for me and/or my family.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10. My ability to prioritize the goals I set for me and/or my family.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |