

Parent Workshop Evaluation

Tell us about your experience in this parenting session. CIRCLE the best answer.

1. How helpful were the information and/or resources you received in this session?

1	2	3	4
<i>Not helpful</i>	<i>A little helpful</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>

2. How likely is it that you will use this information and/or resources?

1	2	3	4
<i>Will not use</i>	<i>May use a little</i>	<i>May use some</i>	<i>Will use a lot</i>

3. What did you like about the session?

4. Is there anything that you would change to improve it?

Our funders have asked us to gather basic information about the families who participate in our programs. Please help us by giving us the information below:

A. **Your zip code:** _____

B. **Your Gender:** Male Female

C. **Your Ethnicity/Race:** White/Caucasian Hispanic/Latino Native American
 Black/African American Asian/Pacific Islander Other, specify _____

D. **Your age:** ____ years

E. **How are you parenting?** with a partner by yourself with a relative in the same home

F. **Please CIRCLE the ages of the children in your home (please note if any are twins!):**

Under 1 Year 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

G. **Please CHECK ALL the community resources that you use:**

<input type="checkbox"/> Child Care	<input type="checkbox"/> Oregon Health Plan	<input type="checkbox"/> Schools	<input type="checkbox"/> Family/Community Resource Centers
<input type="checkbox"/> Libraries	<input type="checkbox"/> TANF/SNAP	<input type="checkbox"/> Recreation/Parks	<input type="checkbox"/> Healthy Families/Healthy Start
<input type="checkbox"/> WIC	<input type="checkbox"/> Free/reduced lunches	<input type="checkbox"/> Relief Nurseries	<input type="checkbox"/> Early Head Start/Even Start/Early Intervention
<input type="checkbox"/> Head Start	<input type="checkbox"/> DHS/Child Welfare	<input type="checkbox"/> Tribal Services	<input type="checkbox"/> Other, specify _____

H. **How did you hear about this parenting class?**

<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Website/Email/Facebook
<input type="checkbox"/> Radio	<input type="checkbox"/> Flyer/Mailing	<input type="checkbox"/> DHS/CPS	<input type="checkbox"/> Health Care/Mental Health/A & D
<input type="checkbox"/> TV	<input type="checkbox"/> Probation/Jail/Court	<input type="checkbox"/> TANF/SNAP	<input type="checkbox"/> Other, specify _____

Thank you for your help!!!

Location: _____ **Session:** _____ **Date:** _____