



KEEP CONNECTED FEEDBACK SURVEY

Parent Version

Thank you for participating in *Keep Connected*! The purpose of this survey is to learn more about your experience, and get feedback on how the program can be improved. Your ideas and opinions are important to us!

If you have ANY questions, please ask! The survey will take about 10 minutes.

Your name will not be associated with your responses. Your responses will be combined with other *Keep Connected* participants.

Keep Connected PARENT Feedback Survey

PART 1. ABOUT THE WORKSHOPS

Did your child participate in *Keep Connected* with you?

Yes No

How many *Keep Connected* workshops did you attend?

0 1 2 3 4 5 6 7

These questions are about the *Keep Connected* workshops you participated in.

	Not at All	A Little	Some	A lot
Did the workshops meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the information and skills talked about in the workshops important to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How interesting were the workshops to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your family use the information and skills learned in the workshops at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the *Keep Connected* workshops give you enough time to practice new skills and get feedback?

Not really Some time, but not enough Enough time Too much time

Please rate each of the following aspects of the *Keep Connected* program.

	Poor	Fair	Good	Excellent
Usefulness of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leader's knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pace of the presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activities to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you improve these workshops? *[Check all that apply]*

- | | |
|--|---|
| <input type="checkbox"/> Provide better information before the workshop | <input type="checkbox"/> Make the workshops more challenging |
| <input type="checkbox"/> Decrease the amount of content in the workshops | <input type="checkbox"/> Slow down the workshops |
| <input type="checkbox"/> Increase the amount of content in the workshops | <input type="checkbox"/> Speed up the workshops |
| <input type="checkbox"/> Make activities more exciting and interesting | <input type="checkbox"/> Give more time for workshops |
| <input type="checkbox"/> Make the workshops more organized | <input type="checkbox"/> Shorten the time for the workshops |
| <input type="checkbox"/> Make the workshops easier to understand | <input type="checkbox"/> Improve teaching methods |

How much do you agree or disagree with the following?

As a result of Keep Connected ...

	Strongly Disagree	Disagree	Agree	Strongly Agree
... I have strengthened my relationship with my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I am more confident in my family's ability to stay connected over the teen years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I formed new relationships with other parents in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I am more aware of areas where I could do better in building strong relationships with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I am more likely to turn to the organization that put on <i>Keep Connected</i> for help and support in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of *Keep Connected*, my child is more aware of his/her role in our relationship.

- Strongly Disagree
 Disagree
 Agree
 Strongly Agree
- My child did not participate in *Keep Connected*

How much do you agree or disagree with the following?

As a result of Keep Connected ...

	Strongly Disagree	Disagree	Agree	Strongly Agree
... I am trying harder to find age-appropriate ways to involve my child in decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I find it easier to talk openly with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I have a better understanding of the challenges and opportunities of the teen years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... our family spends more time together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend *Keep Connected* to other families?

Yes → Who and why? No → Why not? *[Please print]*

As a result of your family's participation in *Keep Connected*, what is one thing your family has changed or has been working on together?

Please complete this sentence.

The most important thing I learned through *Keep Connected* was ...

PART 2. BACKGROUND INFORMATION: The following questions are about you and your background. The purpose of asking these questions is to better describe our program participants.

I am: Male Female

Please list the age(s) of the child(ren) who participated in *Keep Connected* with you: _____

Which of the following describes you? [Check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino/Latina |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Other: _____ | |

Which of the following statements BEST describes your family situation? [Check one]

- We have a hard time buying the things we need.
- We have just enough money for the things we need.
- We have no problem buying the things we need, and we can also buy special things.

What is your marital status?

- | | |
|---|--|
| <input type="checkbox"/> Never married | <input type="checkbox"/> Widow/Widower |
| <input type="checkbox"/> Married or civic union | <input type="checkbox"/> Living with partner |
| <input type="checkbox"/> Separated or divorced | |

Thank you for participating in *Keep Connected*!

Interested in more family relationship resources? Visit www.KeepConnected.info