



# Survey

1. What language?
  - English
  - Spanish

Thank you for participating in the Parenting Partners program and for completing this brief survey. Your answers to the following questions are anonymous and will be completely confidential. Please respond to the questions as honestly as possible. Questions with an asterisk (\*) are required.

2. What School campus did you attend your Parenting Partners Workshop?\*
- \_\_\_\_\_
3. What semester did you start your Parenting Partners Workshop?\*
- Fall
- Spring

The following questions relate to tools and topics discussed during the Parenting Partners workshops session.

Please response to each question indicating how the workshop series has impacted your family. It might be helpful to begin each question with the statement "As a result of the Parenting Partners workshop sessions." Use #4 as an example for the other questions.

4. As a result of the Parenting Partners workshop sessions, how many hours a week do you read with your child(ren)?\*
- More than 3 hours per week
- 2-3 hours per week
- 1-2 hours per week
- The same
5. I am more connected to staff members at my child(ren)'s school.\*
- Yes
- No

6. I am more connected ot staff members at my child(ren)'s school.\*
- Yes
  - No
7. I talk more often with my child(ren)'s teacher(s) about ways I can help with their learning at home. \*
- Yes
  - No
8. My child(ren) follow(s) my instructions well. \*
- Far more
  - More
  - The Same
9. My child(ren) is/are on time to class. \*
- Far more
  - More
  - The Same
10. My child(ren) are regularly doing their assigned homework/studying. \*
- Far more
  - More
  - The Same
11. My child(ren) and I regularly talk about what they are learning in school. \*
- Far more
  - More
  - The Same
12. I talk more often with my child(ren) about their future college and/or career goals. \*
- Yes
  - No
13. I give clear instructions that my child(ren) can follow. \*
- Far more
  - More
  - The Same

14. I say supportive and nurturing things to my child(ren) on a daily basis. \*
- Far more
  - More
  - The Same
15. I argue less with my children. \*
- Yes
  - No
16. I use both natural and logical consequences more regularly. \*
- Yes
  - No
17. I have specific tools and strategies to help my child(ren) develop a positive view of their value and self-esteem. \*
- Yes
  - No
18. I have more effective strategies for disciplining my child. \*
- Yes
  - No
19. As a result of the Parenting Partners workshop sessions, how many more meals do you eat together as a family each week? \*
- Less than 1 per week
  - 1-2 per week
  - 2-3 per week
  - More than 3 per week
20. Listed below are the tools that were taught during your Parenting Partners sessions. Please select all that you are using. \*
- Clear instructions with direct communication
  - The Shield: Nevertheless/Regardless
  - Positive discipline rather than punishment
  - Natural and Logical consequences
  - Following through: Let consequences work
  - Positive power words (101 Days of Positive Power Words)
  - 30 day action plan
  - Power listening: Stop, make eye contact, and listen with full attention

21. I would recommend Parenting Partners to friends or family members. \*

- Yes
- No

22. To help my child in school, I want to: (please select all that apply.) \*  
volunteer in my child(res)'s classroom

- Participate in a leadership position at my child(ren)'s school (i.e. PTA, School Site Council, Parent Advisory, etc.)
- Volunteer at my child's school as needed (e.g. library, copy room)
- Become a mentor at my child's school (e.g. reading with students, tutoring)
- Become a facilitator for Parenting Partners trainings
- Provide other support for Parenting Partner trainings

23. In the space provided, please list any other way(s) you would like to help at your campus/district.

- \_\_\_\_\_  
\_\_\_\_\_

24. I am willing to help invite parents for the next series of Parenting Partners workshops. \*

- Yes
- Not at this time

25. I would like to recommend the following people as participants for a future Parenting Partners workshop series.

Recommendation 1: \_\_\_\_\_

Recommendation 2: \_\_\_\_\_

Recommendation 3: \_\_\_\_\_

Recommendation 4: \_\_\_\_\_

Recommendation 5: \_\_\_\_\_

If you are interested in the campus contacting you so you can help in the areas you have indicated in the survey questions, please enter your name. Your name is optional and will only be connected to questions 22, 23, and 25.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Thanks for taking the time to complete this Parenting Partners survey. Please return the completed survey to a Parenting Partners facilitator.**