



Parent Beliefs Survey

Using the table below, tell us your level of agreement with each statement, thinking about your knowledge, skills, and attitudes **BEFORE** and **AFTER** participating in this Home Visiting or Parent Education program.

Answer each question based on your views before and after Home Visits or Parent Education.	BEFORE Participating					AFTER Participating				
	Strongly disagree	Disagree	Neutral, no opinion	Agree	Strongly Agree	Strongly disagree	Disagree	Neutral, no opinion	Agree	Strongly Agree
Conflict is a call for help, not disrespect.	1	2	3	4	5	1	2	3	4	5
Children need to be controlled by some outside threat or consequence.	1	2	3	4	5	1	2	3	4	5
How I'm feeling affects how I act.	1	2	3	4	5	1	2	3	4	5
Rules are key to helping children behave.	1	2	3	4	5	1	2	3	4	5
Children who act out are feeling threatened or unsafe	1	2	3	4	5	1	2	3	4	5
I will be more successful as a parent/caregiver if I am more responsive and less reactive.	1	2	3	4	5	1	2	3	4	5
When I pay attention to certain behaviors, children are likely to do them more.	1	2	3	4	5	1	2	3	4	5
Discipline is a disruption to my day	1	2	3	4	5	1	2	3	4	5
My mistakes are part of everyday life and learning	1	2	3	4	5	1	2	3	4	5
Children's mistakes are part of everyday life and learning.	1	2	3	4	5	1	2	3	4	5

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?

Not helpful A little helpful Somewhat helpful Very helpful

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

Will not use My use a little May use some Will use a lot

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 take our classes. 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

I. How often did you attend this parenting class?

☐ Attended all the class ☐ Almost all ☐ About half ☐ Attended a few ☐ Once or twice

For Presenters/Trainers/Home Visitor only

If done as a Parent Ed class/workshop

Location of class: _____ Title of Series: _____

Presenter name(s): _____

Sessions number: _____ Date of Survey: _____

If done on home visits:

Date of Survey: _____

ID#/Pseudonym from tracking form: _____