

FRC:	Date:
WHAT TOWN DO YOU LIVE IN?	

## FAMILY RESOURCE CENTER SATISFACTION SURVEY FOR PARENTING CLASSES AND WORKSHOPS

☐ Parenting Class (please check one)	
☐ Active Parenting 4th Edition	☐ Nurturing Fathers' Program
☐ Active Parenting the 1 <sup>st</sup> 5 Years	Nurturing Parenting Program
☐ Active Parenting of Teens	Parenting in America
☐ Parenting Wisely	Parenting Journey
☐ Guiding Good Choices	Parenting Journey II
Other (please specify)	

The Family Resource Center would like to learn about your experiences with its class or workshop. Please take a few minutes to complete this brief survey so we can help improve our services.

2. Thinking about the class or workshop you attended, how much do you agree with each of the following statements. *Please select one response per statement.* 

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Materials were useful to me.					
The class matched my needs and interests.					
It was well organized.					
I could easily understand the class/workshop.					
The activities helped me understand what I was being taught.					
The total number of sessions worked for me.					
I gained new parenting skills because of the class.					
My family situation has gotten better because of what I learned from this class.					
Overall, this class was very helpful.					
I would recommend this class to other families.					



4. What is the most important thing you learned in this class/workshop?  5. Are there other workshops or classes you would like the Family Resource Center to offer?  Background Information: (VOLUNTARY)  1. How old are you?  2. Are you a parent (either birth, adoptive, step or foster) or a grandparent?	3.	Have any of the following prevented you from participating in Family Resource Center programs or services?  (Please check all that apply)  Time of the program  Transportation  Wait List  Child Care  We did not feel welcome  Language  Type of program needed was not offered
5. Are there other workshops or classes you would like the Family Resource Center to offer?  Background Information: (VOLUNTARY)  1. How old are you?  2. Are you a parent (either birth, adoptive, step or foster) or a grandparent?		□ Other
Background Information: (VOLUNTARY)  1. How old are you?  2. Are you a parent (either birth, adoptive, step or foster) or a grandparent?  Yes, parent  Yes, grandparent  No  3. What is your gender?  Female  Male  Transgender  Other  4. Which one or more of the following would you say is your race/ethnicity?  Black or African American  Hispanic/Latino  Native Hawaiian or Other Pacific Islander  White  5. How long have you been using the Family Resource Center services and programs?  Just started (less than 1 month)  2 - 6 Months  7 - 12 Months	4. `	What is the most important thing you learned in this class/workshop?
1. How old are you?  2. Are you a parent (either birth, adoptive, step or foster) or a grandparent?  Yes, parent Yes, grandparent No  3. What is your gender? Female Male Transgender Other  4. Which one or more of the following would you say is your race/ethnicity? Black or African American Asian Hispanic/Latino Native Hawaiian or Other Pacific Islander White  5. How long have you been using the Family Resource Center services and programs? Just started (less than 1 month)	5.	Are there other workshops or classes you would like the Family Resource Center to offer?
2. Are you a parent (either birth, adoptive, step or foster) or a grandparent?  Yes, parent No  What is your gender? Female Male Transgender Other  4. Which one or more of the following would you say is your race/ethnicity? Black or African American Hispanic/Latino Native Hawaiian or Other Pacific Islander  Main Native Hawaiian or Other Pacific Islander  How long have you been using the Family Resource Center services and programs? Just started (less than 1 month) 2 - 6 Months 7 - 12 Months	Ba	ackground Information: (VOLUNTARY)
<ul> <li>Yes, parent</li> <li>Yes, grandparent</li> <li>No</li> </ul> 3. What is your gender? <ul> <li>Female</li> <li>Male</li> <li>Transgender</li> <li>Other</li> </ul> 4. Which one or more of the following would you say is your race/ethnicity? <ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Hispanic/Latino</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>White</li> </ul> 5. How long have you been using the Family Resource Center services and programs? <ul> <li>Just started (less than 1 month)</li> <li>2 − 6 Months</li> <li>7 − 12 Months</li> </ul>	1.	How old are you?
<ul> <li>□ Female</li> <li>□ Male</li> <li>□ Transgender</li> <li>□ Other</li> <li>4. Which one or more of the following would you say is your race/ethnicity?</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Hispanic/Latino</li> <li>□ Native Hawaiian or Other Pacific Islander</li> <li>□ White</li> <li>5. How long have you been using the Family Resource Center services and programs?</li> <li>□ Just started (less than 1 month)</li> <li>□ 2 - 6 Months</li> <li>□ 7 - 12 Months</li> </ul>	2.	☐ Yes, parent ☐ Yes, grandparent
□ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Other Pacific Islander □ White  5. How long have you been using the Family Resource Center services and programs? □ Just started (less than 1 month) □ 2 - 6 Months □ 7 - 12 Months	3.	☐ Female ☐ Male ☐ Transgender
☐ Just started (less than 1 month) ☐ 2 – 6 Months ☐ 7 – 12 Months	4.	<ul><li>□ Black or African American</li><li>□ American Indian or Alaska Native</li><li>□ Asian</li><li>□ Hispanic/Latino</li></ul>
	5.	☐ Just started (less than 1 month) ☐ 2 – 6 Months ☐ 7 – 12 Months

## THANK YOU FOR YOUR OPINION!

Your participation on this survey is greatly appreciated. It will help us with planning for future workshops and classes.