

For Office Use Only:

Program:

Date:

Worker:



Child Abuse Prevention Association

### ***PARTICIPANT FEEDBACK QUESTIONNAIRE- Parenting Skills Training (PST)***

Please complete the following questions about the service you have received at CAPA. Your honest answers will help us meet your needs more effectively. If you would like to talk with someone in person about this program, please contact Tonika Benson, Community Education Manager at 601-0550 Ext.206

Your name: \_\_\_\_\_

Check the box that best fits the extent to which you agree or disagree:	<u><b>DISAGREE</b></u>		<u><b>Neutral</b></u>	<u><b>AGREE</b></u>	
	1	2	3	4	5
1. I have been treated with respect by group facilitator(s).	1	2	3	4	5
2. My parenting skills/understanding of my child's development have increased since being involved with the program.	1	2	3	4	5
3. I feel that my interactions with my child will be more positive in the future due to my involved in this program.	1	2	3	4	5
4. I think that my communication with my child has and will continue to improve due to my involved in this program.	1	2	3	4	5
5. I feel that I have benefited from discussing my parenting skills with other parents within this program.	1	2	3	4	5
6. I feel that this class has increased the number of parenting tools that I have available.	1	2	3	4	5
7. I found the handouts helpful.	1	2	3	4	5
8. I would recommend this class to a friend.	1	2	3	4	5
9. Overall, I am satisfied with this program's services.	1	2	3	4	5
10. I feel that CAPA understands/addresses my cultural needs.	1	2	3	4	5

What did you like about this class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How can we improve services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your input!