



## EVALUATION SURVEY

### PERSONAL INFORMATION

|  |  |  |  |  |                                       |   |
|--|--|--|--|--|---------------------------------------|---|
| <b>Have you attended a Parent Café before?</b><br><input type="radio"/> Yes - How many? <input type="radio"/> No                                       |  | <b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female<br><input type="radio"/> Non-Binary                             | <b>Age:</b>  | <b>County of Residence:</b>                          | <b>Zip code:</b>                      | <b>Total # in Household:</b>            |
| <b>How many children live in your home?</b><br>Ages 0-5: _____<br>Grades K-8: _____ Ages: _____<br>Grades 9-12: _____ Ages: _____<br>Ages 18-25: _____ |  | <b>Veteran Status:</b> <input type="radio"/> Current military member <input type="radio"/> Military veteran <input type="radio"/> None |  |  | <b>Annual Household Income:</b><br>\$ |   |
| <b>Which describes your role with the children living in your home?</b><br><i>Check all that apply.</i>  |  | <input type="checkbox"/> Biological parent   |  | <input type="checkbox"/> Aunt/Uncle                  |                                       |   |
|  |  | <input type="checkbox"/> Adoptive parent   |  | <input type="checkbox"/> Other: _____                |                                       |   |
|  |  | <input type="checkbox"/> Foster parent   |  | <input type="checkbox"/> No children live in my home |                                       |   |
|  |  | <input type="checkbox"/> Grandparent   |  |  |                                       |   |
| <b>How do you describe your race?</b>  |  |  | <b>How do you describe your ethnicity?</b>             |  |                                       |   |
| <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander                                      |  |  | <input type="checkbox"/> Hispanic or Latino origin     |  |                                       |   |
| <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial   |  |  | <input type="checkbox"/> Non-Hispanic or Latino origin |  |                                       |   |
| <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____   |  |  | <input type="checkbox"/> Unknown                       |  |                                       |   |
| <input type="checkbox"/> Caucasian/White   |  |  |  |  |                                       |   |
| <b>Please rate how much you agree with the statements below:</b>   |  |  |  |  |                                       |   |
| <b>Overall, I am satisfied with this Parent Café &amp; I would recommend this to another person</b>  |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>I enjoyed being able to spend time talking with other families</b>  |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>I met a person (or people) I plan to stay in touch with</b>   |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>I learned information that will increase my ability to support my child's development</b>   |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>I learned about a resource in my community that I can use when I need help</b>  |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>I have identified and strengthened Protective Factors within myself</b>   |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>This café helped me feel more supported as a caregiver</b>  |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>This café has helped me better understand the importance of my child(ren)'s feelings</b>  |  |  | <input type="radio"/> Strongly Agree                   | <input type="radio"/> Agree                          | <input type="radio"/> Disagree        | <input type="radio"/> Strongly Disagree |
| <b>Please share anything else you want us to know about your experience at the Café.</b>   |  |  |  |  |                                       |   |

Thank you!