



Parent Survey

IMPORTANT: Please use a BLACK pen. Mark response boxes with an "X." Use block printing for any text or numeric responses. If you wish to change a response, mark the correct response and CIRCLE it.

By completing this survey, I agree to share my answers with First 5 San Mateo County (F5SMC), its evaluators (SRI International), and the program I am working with today.

This information will help F5SMC learn about the families they serve. I understand that:

- I can skip any question I do not want to answer.
- There are no known risks to completing this survey. My answers might help to improve services for families in San Mateo County.
- It is very important to F5SMC that my information is safe, so it will be protected as required by law.
- If I do not complete this survey, I can still receive services from this program.
- If I have questions, I can contact **Jenifer Clark, First 5 San Mateo County, 1700 S. El Camino Real, Suite 405, San Mateo, CA 94402.**

Rate how much you knew **BEFORE** you participated in the workshop by checking a box from 1 = Low to 5 = High. Then in the next column, rate how much you know **NOW** after attending the workshop.

If a question asks about one child, think about your child (age 0-5) who will benefit from what you learned. If more than one child will benefit, think about your child (age 0-5) whose birthday is coming up next.

We know that the workshop may not have covered all of the topics below. If this is the case, your answers may be the same for "Before" and "Now."

	BEFORE					NOW				
	I attended the workshop					after attending the workshop				
	Low 1	2	Avg. 3	4	High 5	Low 1	2	Avg. 3	4	High 5
1. I know how to keep my child healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know how to guide my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know how to meet my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know what my child should be able to do at this age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I can get the services my family needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know how to be a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about yourself and your family.

8. **What language do you speak most often in your home? (Mark one)**

- English
 Spanish
 Cantonese
 Mandarin
 Vietnamese
 Korean
 Other: _____

9. What is your race/ethnicity? (Mark all that apply)

- Asian Hispanic/Latino Alaska Native or American Indian
 Multiracial White Pacific Islander
 Black/African American Other (specify): _____

10. How many children in your family benefit from this program/workshop?

- Number of children younger than 3: 0 1 2 3 4 5 or more
Number of children ages 3-5: 0 1 2 3 4 5 or more

To answer the next questions, think about your child who will benefit from this program's services. If more than one child will benefit, think about your child age 0-5 whose birthday is coming up next.

11. Has a doctor or other professional ever told you that this child has a developmental delay or disability?
 No Yes Don't know/Declined

- 11b. Does your child have an IFSP (Individual Family Service Plan) or IEP?
 No Yes In progress Don't know/Declined

12. What type of health insurance does your child <Child 1: _____> have now? (Mark all that apply.)

- Uninsured
 Insurance purchased directly by parent/guardian (including COBRA)
 Insurance provided by employer
 Medi-Cal (full scope or emergency)
 Healthy Families
 Healthy Kids/California Kids/ or similar program
 Application pending (please specify type): _____
 Other (please specify): _____
 Don't know/Declined

13. Since this child turned 3, has he or she ever gone to preschool regularly? Preschool could be Head Start, pre-kindergarten, or a child care center. By regularly, we mean at least two times a week and for at least 6 months.

- Not Applicable (Child under 3 years of age) Recently enrolled (less than 6 months ago)
 Yes (Regularly attended for 6 months or more) No (Never attended regularly)
 Don't know/Declined

14. In a usual week, how often does your family read or look at picture books with this child?

- Not at all 1 or 2 days 3 to 4 days 5 to 6 days Every day Don't know/Declined