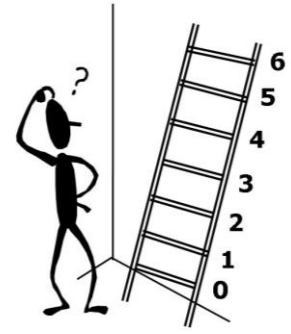


The Parenting Skills Ladder

Look at the Parenting Skills Ladder. Some people feel their skills in certain areas are low. Others see their skills as higher.

Before beginning the survey, you may want to fold the paper so that you can only see the questions and the column that says: "NOW." First, think about where you are on the ladder **NOW** for each of the skills below. After completing the "NOW" column, unfold this paper. Then, think back to **BEFORE** you participated in the parenting class. Where were you then?



CIRCLE the number for where you are on the ladder

| Parenting Skills | NOW | | | | | BEFORE | | | | | | | | |
|---|-----|---|---|---|------|--------|---|---|---|------|---|---|---|---|
| | Low | | | | High | Low | | | | High | | | | |
| 1. Know normal behavior for my child(ren)'s age level | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Show my child(ren) love and affection frequently | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Listen to my child(ren) to understand their feelings | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Help my child(ren) feel good about themselves | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Set and stick to reasonable limits and rules | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Know fun activities to help my child(ren) learn | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Find positive ways to guide and discipline my child(ren) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Play with my child(ren) frequently | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Protect my child(ren) from unsafe situations | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Talk with other parents to share experiences | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Deal with the day-to-day stresses of parenting | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Understand my goals and values as a parent | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Now think about your child's behavior. If you have more than one child, choose one to think about. How old is the child you are thinking about? _____

Use the ladder to describe this child's skills **NOW**. Then rate this child's skills **BEFORE** you participated in this class.

| Child Skills | NOW | | | | | BEFORE | | | | | | | | |
|--|-----|---|---|---|------|--------|---|---|---|------|---|---|---|---|
| | Low | | | | High | Low | | | | High | | | | |
| 13. Shows concern for others | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Willing to follow limits and rules | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Gets along with others | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Tell us about your experience in this parenting class. CIRCLE the best answer.

16. How helpful were the information and resources you received in this series?

Not helpful *A little helpful* *Neither helpful nor unhelpful* *Somewhat helpful* *Very helpful*

17. Would you recommend this class to other parents? (CIRCLE best answer)

No *Probably not* *Maybe* *Probably would* *Definitely*

18. What did you like about the parenting series?

19. How has your parenting behavior changed since participating in this series?

20. How has your participation in this series impacted your child?

21. Is there anything that you would change to improve the series?

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 Non-binary/Other

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:**

Child Care Oregon Health Plan Schools Family/Community Resource Centers
 Libraries TANF/SNAP Recreation/Parks Healthy Families/Healthy Start
 WIC Free/reduced lunches Relief Nurseries Early Head Start/Even Start/Early Intervention
 Head Start DHS/Child Welfare Tribal Services Other, specify _____

H. **How did you hear about this parenting class?**

Newspaper School Friend/Family Website/Email/Facebook
 Radio Flyer/Mailing DHS/CPS Health Care/Mental Health/A & D
 TV Probation/Jail/Court TANF/SNAP DHS/Family Coach
 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

J. **Are you a foster parent?**

Yes (with a current placement) Yes (no current placement) No

Location: _____ **Class:** _____ **Date:** _____

Thank you for your participation!

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