Parent Workshop Evaluation

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

1. How helpful were the information and/or resources you received in this session?
   1. Not helpful
   2. A little helpful
   3. Somewhat helpful
   4. Very helpful

2. How likely is it that you will use this information and/or resources?
   1. Will not use
   2. May use a little
   3. May use some
   4. Will use a lot

3. What did you like about the session?

4. Is there anything that you would change to improve it?

Our funders have asked us to gather basic information about the families who participate in our programs. 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. Are you a foster parent?
   [ ] Yes (with a current placement) [ ] Yes (no current placement) [ ] No

Thank you for your help!!!

Location: ______________________  Session: ______________________  Date: __________

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