

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 2 3 4
Not helpful A little helpful Somewhat helpful Very helpful

2. How likely is it that you will use this information and/or resources?

1 2 3 4
Will not use May use a little May use some 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:** _____