

Participant ID: \_\_\_\_\_  
 First & Last Initial and Birthdate (Example: bj07051986)

Today's Date: \_\_\_\_\_

Agency: \_\_\_\_\_

CWB Community: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

**Part 1.** Please **circle** the number that describes how often the statements are true for you or your family – **first think of NOW, and in the row below reflect back on what was true BEFORE the session/workshop.** The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time, ranging from never to always. The number 4 means that the statement is true about half the time.

		Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1. In my family, we talk about problems.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
2. When we argue, my family listens to "both sides of the story."	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
4. My family pulls together when things are stressful.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
5. My family is able to solve our problems.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
6. I have others who will listen when I need to talk about my problems.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
7. When I am lonely, there are several people I can talk to.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
8. I would have no idea where to turn if my family needed food or housing.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
9. I wouldn't know where to go for help if I had trouble making ends meet.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7

10. If there is a crisis, I have others I can talk to.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
11. If I needed help finding a job, I wouldn't know where to go for help.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
12. There are many times when I don't know what to do as a parent.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
13. I know how to help my child learn.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
14. My child misbehaves just to upset me.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
15. I praise my child when he/she behaves well.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
16. When I discipline my child, I lose control.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
17. I am happy being with my child.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
18. My child and I are very close to each other.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
19. I am able to soothe my child when he/she is upset.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7
20. I spend time with my child doing what he/she likes to do.	<b>NOW</b> , at end of workshop	1	2	3	4	5	6	7
	<b>BEFORE</b> , the workshop	1	2	3	4	5	6	7

Gender:  Male  Female

Who is completing the survey?

Parent

Grandparent

Foster parent

Other relative

Other \_\_\_\_\_

Race/Ethnicity (please choose the ONE that best describes how you identify yourself):

- Multi-Racial
- Native American or Alaskan Native
- Hispanic or Latino
- White (non-Hispanic)
- African American
- Other \_\_\_\_\_

Are you or your child receiving any of the following resources:

- Medicaid
- Title XX
- Free and Reduced Lunch

What have you liked best about the groups?

Do you have any suggestions for improving the groups?

I hereby grant permission for _____ <b>(Project Name)</b>			
To share this survey and the results of the Protective Factors Survey with Nebraska Children and their contracted evaluators as part of the evaluation of this program that is funded in part by Nebraska Children.			
<b>Parent Signature</b>	<b>Date</b>	<b>Witness</b>	<b>Date</b>



Please *circle* the number that describes how the statement reflects your opinion about the program.

	<b>Strongly Disagree</b>	<b>Mostly Disagree</b>	<b>Slightly Disagree</b>	<b>Neutral</b>	<b>Slightly Agree</b>	<b>Mostly Agree</b>	<b>Strongly Agree</b>
21. I felt respected and valued by the therapist or staff.	1	2	3	4	5	6	7
22. I have learned new techniques to teach my child new skills.	1	2	3	4	5	6	7
23. I feel my relationship with my child is better than before.	1	2	3	4	5	6	7
24. I would recommend this therapy or program to another parent.	1	2	3	4	5	6	7