**Parent Questionnaire about Family Service Workers – DRAFT**

**In the following pages, we will ask questions about your Family Service Worker and about your relationship with him or her. Some of these questions will be about how your Family Service Worker works with your family.**

**1. Since September, how often have you met with or talked to your Family Service Worker about the following?**

 *[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| 1. How your child is doing in the Head Start program
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your work and school goals
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your child’s abilities
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your child’s learning or development
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Goals you have for your child
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Goals you have for yourself
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How your child is progressing towards your goals you have set for him/her
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How you are progressing towards goals you have set for yourself
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. What to expect at each stage of your child’s development
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Problems your child is having in the Head Start program
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Problems you may be having with work or school
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your vision for your child’s future
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your vision for your family’s future
 | [ ]  | [ ]  | [ ]  | [ ]  |

**2. Since September, how often has your Family Service Worker:**

*[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| 1. Suggested activities for you and your child to do together?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Answered your questions when they came up?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Taken your values and culture into account when serving you?
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Offered you books or materials on parenting?
 | [ ]  | [ ]  | [ ]  | [ ]  |

**3. How comfortable would or do you feel sharing the following information with your Family Service Worker?**

 *[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very uncomfortable** | **Uncomfortable** | **Comfortable** | **Very comfortable** |
| 1. How many children you have
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How many adult relatives live in your household
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your work and school schedule
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your marital status
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your personal relationship with a spouse or partner
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your employment status
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your financial situation
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your parenting style
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your family life
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. The role that faith and religion play in your household
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Your family’s culture and values
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. What you do outside of the Head Start setting to encourage your child’s learning
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. How you discipline your child
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Problems your child is having at home
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. Changes happening at home
 | [ ]  | [ ]  | [ ]  | [ ]  |
| p. Health issues your child has, such as food allergies or asthma  | [ ]  | [ ]  | [ ]  | [ ]  |
| q. Health issues you or other family members may have | [ ]  | [ ]  | [ ]  | [ ]  |

**4. How much are the following statements like your Family Service Worker?**

**My Family Service Worker…**

*[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all like my Family Service Worker** | **A little like my Family Service Worker** | **A lot like my Family Service Worker** | **Exactly like my Family Service Worker** |
| a. Encourages me to be involved in all aspects of my child’s care and education in our Head Start program | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Respects me as a parent | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Is flexible in response to my work or school schedule | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Treats me like an expert on my child | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Asks me questions to show he/she cares about my family | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Shows respect for different ethnic heritages | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Is respectful of religious beliefs | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Encourages parents to provide feedback on the services and support he/she provides them | [ ]  | [ ]  | [ ]  | [ ]  |

**5. How strongly do you agree or disagree with the following statements?**

*[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| a. My Family Service Worker judges my family because of our faith and religion | [ ]  | [ ]  | [ ]  | [ ]  |
| b. My Family Service Worker judges my family because of our culture and values | [ ]  | [ ]  | [ ]  | [ ]  |
| c. My Family Service Worker judges my family because of our race/ethnicity | [ ]  | [ ]  | [ ]  | [ ]  |
| d. My Family Service Worker judges my family because of our financial situation | [ ]  | [ ]  | [ ]  | [ ]  |

**6. Since September, how often have you met with or talked to your Family Service Worker about how you feel about the services that your Family Service Worker provides you and your family?**

 *[MARK ONLY ONE BOX.]*

 Never [ ]

 Rarely [ ]

 Sometimes [ ]

 Very often [ ]

**7. If you had a problem with your Family Service Worker, how comfortable would you feel talking to him or her about it?**

 *[MARK ONLY ONE BOX.]*

Very uncomfortable [ ]

Uncomfortable [ ]

Comfortable [ ]

Very comfortable [ ]

**8. How often does your Family Service Worker:**

*[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Ask about your family? | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Work with you to develop strategies you can use at home to support your child’s learning and development? | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Listen to your ideas about ways to change or improve the care and education your child receives? | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Offer you ideas or suggestions about parenting? | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Remember personal details about your family when speaking with you? | [ ]  | [ ]  | [ ]  | [ ]  |

**9. Please indicate how much the following words are like your Family Service Worker.**

**My Family Service Worker is…**

*[CHECK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all like my Family Service Worker** | **A little like my Family Service Worker** | **A lot like my Family Service Worker** | **Exactly like my Family Service Worker** |
| a. Caring | [ ]  | [ ]  | [ ]  | [ ]  |
| b. Understanding | [ ]  | [ ]  | [ ]  | [ ]  |
| c. Rude | [ ]  | [ ]  | [ ]  | [ ]  |
| d. Flexible | [ ]  | [ ]  | [ ]  | [ ]  |
| e. Dependable | [ ]  | [ ]  | [ ]  | [ ]  |
| f. Trustworthy | [ ]  | [ ]  | [ ]  | [ ]  |
| g. Impatient | [ ]  | [ ]  | [ ]  | [ ]  |
| h. Unfriendly | [ ]  | [ ]  | [ ]  | [ ]  |
| i. Respectful | [ ]  | [ ]  | [ ]  | [ ]  |
| j. Judgmental | [ ]  | [ ]  | [ ]  | [ ]  |
| k. Available | [ ]  | [ ]  | [ ]  | [ ]  |

**10. Please indicate how much you agree or disagree with the following statements.**

*[MARK ONE BOX IN EACH ROW.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| a. My Family Service Worker is open to learning different ways to help parents and children | [ ]  | [ ]  | [ ]  | [ ]  |
| b. My Family Service Worker and I work together to make sure my child has the best care and support | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My Family Service Worker has increased my confidence to accomplish goals for myself.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My Family Service Worker has my best interests at heart.
 | [ ]  | [ ]  | [ ]  | [ ]  |
| 1. My Family Service Worker sees this job as *just* a paycheck
 | [ ]  | [ ]  | [ ]  | [ ]  |

**11. How easy or difficult is it for you to reach your Family Service Worker during the day if you have a question or if a problem comes up?**

 *[MARK ONLY ONE BOX.]*

Very difficult [ ]

Difficult [ ]

Easy [ ]

Very easy [ ]

**12. On a scale of 1-5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your Family Service Worker?**

 *[MARK THE BOX NEXT TO THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP.]*

Worst Best

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |

**The next set of questions asks about the age of your child, your experience with Family Service Workers, and your background.**

**13. How old is your child?**

*[MARK ONLY ONE BOX.]*

[ ]  Less than 1 year old

[ ]  1- 2 years old

[ ]  3- 4 years old

[ ]  5 years or older

**14. For how long has your current Family Service Worker been working with your family?**

*[MARK ONLY ONE BOX.]*

Less than six months [ ]

6 months-less than 1 year [ ]

1 year-less than 2 years [ ]

2 years or more [ ]

**15. Thinking about all of your children, how many Family Service Workers have you ever worked with?**

*[MARK ONLY ONE BOX.]*

[ ]  1

[ ]  2-3

[ ]  4-5

[ ]  More than 5

**16. What language do you most speak at home?**

*[MARK ONLY ONE BOX.]*

[ ]  English

[ ]  Spanish

[ ]  English and Spanish equally

[ ]  English and another language equally

[ ]  Other language

**17. Are you Hispanic, Latino/a or of Spanish origin?**

[ ]  Yes

[ ]  No

**18. What is your race?**

*[MARK ALL THAT APPLY.]*

[ ]  White

[ ]  Black or African American

[ ]  American Indian or Alaska Native

[ ]  Asian Indian

[ ]  Chinese

[ ]  Filipino

[ ]  Japanese

[ ]  Korean

[ ]  Vietnamese

[ ]  Other Asian

[ ]  Native Hawaiian

[ ]  Guamanian or Chamorro

[ ]  Samoan

[ ]  Other Pacific Islander

**19. What is the highest level of education you have completed?**

*[MARK ONLY ONE BOX.]*

[ ]  Less than a high school diploma

[ ]  High school diploma or GED

[ ]  Some college, no degree

[ ]  Associate’s degree

[ ]  Bachelor’s degree

[ ]  Graduate school degree

**20. What would you say was your household’s income last year, before taxes?**

*[MARK ONLY ONE BOX.]*

[ ]  Less than $25,000

[ ]  $25,000- $34,999

[ ]  $35,000- $44,999

[ ]  $45,000- $54,999

[ ]  $55,000- $74,999

[ ]  $75,000 or more