

Parent Questionnaire about Family Service Workers – DRAFT

In the following pages, we will ask questions about your ~~child’s care and early education.~~
~~We will ask about your~~ Family Service Worker and about your ~~feelings-~~
~~towards relationship with him or /her.~~ Some of these questions will be about how ~~you and-~~
your Family Service Worker works ~~together to care for your child with your family.~~

71. 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
a. How y Your child’s is doing experiences in the education and care setting Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ba. Your work and school goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cb. Your child’s abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your child’s general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child’s learning and/or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Goals you have for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gf. How your child is progressing towards your goals you have set for him / her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How you are progressing towards goals you have set for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards the goals of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ih. What to expect at each stage of your child’s development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ji. Problems your child is having in the education and care setting Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kj. Problems you may be having with work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lkj. Your vision for your child’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lm. Your vision for your family’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Since September, How often does has your Family Service Worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Suggest <u>ed</u> activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answer <u>ed</u> your questions when they ca <u>me</u> up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take <u>n</u> your values and culture into account when serving you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer <u>ed</u> you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. 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
a. If your child has siblings How many children you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household How many adult relatives live in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule Your work and school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care Head Start setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. <u>Health issues you or other family members may have</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34. 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 <u>in our Head Start program</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shows respect for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Encourages parents to provide feedback on the services and support he/she provides them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My Family Service Worker judges my family because of our culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Family Service Worker judges my family because of our race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My Family Service Worker judges my family because of our financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Since September, how often have you met with or talked to your Family Service Worker about how you feel about the ~~care and education your child receives~~ services that your Family Service Worker provides you and your family?

[MARK ONLY ONE BOX.]

- Never.....
- Rarely.....
- Sometimes.....
- Very often.....

76. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your Family Service Worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eg. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <u>new-different</u> ways to <u>assist-help</u> parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My Family Service Worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Family Service Worker has increased my confidence to accomplish goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My Family Service Worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My Family Service Worker has my child's best interests at heart. <u>My</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Service Worker sees this job as just a paycheck

11. How strongly do you agree or disagree with the following statement?

— **My Family Service Worker sees this job as just a paycheck.**

[MARK ONLY ONE BOX.]

Strongly disagree

Disagree

Agree

Strongly agree

121. 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.....

123. 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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The next set of questions asks about the age of your child, your experience with Family Service Workers, and your background.

143. 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

145. 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.....

156. 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

167. 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

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

- Yes
- No

198. 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

2019. 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

210. 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