



Date:	Location:			
Facilitator (s):				

We are interested in knowing how you experience the program. So we are going to ask you some questions before the program starts and then after the program ends. Your feedback helps us to keep making this program more relevant for parents/carers like you. We appreciate it.

Please take a few moments to answer the following questions.

1. What do you l	hope to get out of the program	n?				
2. Please rate each of the following statements (circle one number)						
1 = uncertain	2 = a little certain	3 = certain		4 = very certain		
I understand why I pai	rent the way I do		1	2	3	4
I understand the meaning of the messages I give to and receive from my children						
			1	2	3	4
My child/children and	I communicate well with each	other	1	2	3	4



I understand why my child behaves the way he/she does	1	2	3	4
I know where to go for help or support when I need it	1	2	3	4

3. Please circle the appropriate word for each of the statements

I am happy with the way I parent						
Strongly Agree	Agree	Disagree	gree Strongly Disagree D			
I often feel overwhelmed as a parent						
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know		
I know how to calm myself down when I feel overwhelmed in my parenting role						

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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