

Participant Survey

Please help us to improve our services to families by filling out the survey below. Your responses are anonymous and confidential. Thank you.

Please rate how much you agree or disagree with the following statements about the Program by circling a number:

| <i>At</i> _____ | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|-----------------------|--------------|-----------------|--------------------------|
| <i>Program name</i> | | | | |
| 1. Services and activities are offered at a convenient location. | 4 | 3 | 2 | 1 |
| 2. Services and activities are offered at convenient times. | 4 | 3 | 2 | 1 |
| 3. Staff is welcoming and respectful. | 4 | 3 | 2 | 1 |
| 4. Staff has invited other members of my family to participate in services and activities. | 4 | 3 | 2 | 1 |
| 5. Staff has asked me about my family's needs. | 4 | 3 | 2 | 1 |
| 6. I can meet and get to know other families. | 4 | 3 | 2 | 1 |
| 7. Staff members speak my language. | 4 | 3 | 2 | 1 |
| 8. Staff members understand my cultural traditions and values. | 4 | 3 | 2 | 1 |
| 9. Staff has helped me learn about services, resources, and opportunities available to me in the community. | 4 | 3 | 2 | 1 |
| 10. I have opportunities to share feedback and ideas about this program. | 4 | 3 | 2 | 1 |
| 11. Overall, this program has provided valuable support for myself and my family. | 4 | 3 | 2 | 1 |
| 12. Other Comments about this program: _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |