Parent/Participant Rating Tool

Please take a moment to rate your program.

1. Does your program involve your entire family?
   - Yes
   - No
   - Not Sure
   - Other

2. How do the staff at the program acknowledge your skills and abilities?
   (Circle your response.)
   - a. Do they show you ways they see you as a strong person?
      - Yes
      - No
      - Not Sure
   - b. Do you pick your own goals?
      - Yes
      - No
      - Not Sure
   - c. Do you feel accepted for who you are?
      - Yes
      - No
      - Not Sure
   - d. Do they accept what you want for your family?
      - Yes
      - No
      - Not Sure
   - e. Now take a moment to rate your program on how they focus on your strengths.
      ________________________________
      ____________________________________________________________
      ____________________________________________________________

3. Take a moment to rate your program on how they respond to your family's changing needs.
   (Circle your response.)
   - a. Did they change a meeting time so you can attend?
      - Yes
      - No
      - Not Sure
   - b. Did they offer to meet at a different location that's more convenient?
      - Yes
      - No
      - Not Sure
   - c. Are they available on nights or weekends?
      - Yes
      - No
      - Not Sure
   - d. Take a moment and write downs ways your program has been flexible with your family's needs.
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________
4. Does the staff make you feel welcomed? Comfortable?

☐ Yes  ☐ No  ☐ Not Sure

Take a moment and write down what they did to make you feel welcomed: (child care, food, had activity for child)

☐ Other__________________________________________________________

5. Is it easy to get to and be part of? Do they do this well?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other__________________________________________________________

6. Take some time to consider if your program makes you feel included & not forced to be there. Also, if you need more time with the program are they there for you... if you need less that is ok.

(Circle your response.)

a. Do you feel your voice is heard?
   Yes  ☐ No  ☐ Not Sure

b. Are your opinions valued?
   Yes  ☐ No  ☐ Not Sure

c. Can you choose how often and long you work together?
   Yes  ☐ No  ☐ Not Sure

Other comments:_______________________________________

____________________________________________________________________

____________________________________________________________________

7. Does your program know where other services can be accessed, especially on things they don’t offer?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other__________________________________________________________

8. Does your program include you, community members or parents in planning process?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other__________________________________________________________
9. Does your program work with other programs? Have they ever connected you to another place?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other ____________________________________________

10. Does your program start working with families in your community as early as they may need them?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other ____________________________________________

11. Do you feel your program is managed well and is effective?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other ____________________________________________

12. Does your program plan and make changes to make sure the program is there for families that may need them in the future?

☐ Yes  ☐ No  ☐ Not Sure

☐ Other ____________________________________________

13. Take some time to consider if your program has standards for supporting and training staff.

<table>
<thead>
<tr>
<th>(Circle your response.)</th>
<th></th>
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<tbody>
<tr>
<td>a. Do the staff meet with their supervisors regularly?</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Do the staff attend training to improve their skills?</td>
<td>Yes</td>
</tr>
<tr>
<td>c. Other comments:</td>
<td>__________________________________________________________</td>
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Thank You!