



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 down 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
d.	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.		(Circle your response.)		
a.	Do the staff meet with their supervisors regularly?	Yes	No	Not Sure
b.	Do the staff attend training to improve their skills?	Yes	No	Not Sure
c.	Other comments: _____ _____ _____			

Thank You!