

Standards of Quality for Family Strengthening & Support

PARTICIPANT SURVEY



Please help us to evaluate the program 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:

<u>Program name</u>		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Services and activities are offered at a convenient <i>location</i> .	4	3	2	1
2.	Services and activities are offered at convenient <i>times</i> .	4	3	2	1
3.	Staff members are welcoming and respectful.	4	3	2	1
4.	Staff members have asked me about my family's strengths, needs, and interests.	4	3	2	1
5.	Staff members help me to understand healthy family development.	4	3	2	1
6.	Staff members have invited other people in my family to participate in services and activities.	4	3	2	1
7.	I have opportunities to meet and get to know other families through the Program.	4	3	2	1
8.	Staff members speak my language.	4	3	2	1
9.	Staff members understand my identity and culture (traditions, values, religion, sexual orientation, special needs, etc.)	4	3	2	1
10.	I have opportunities to learn about families that are different from mine.	4	3	2	1
11.	Staff members have helped me to learn about services, resources, and opportunities that are available in the community.	4	3	2	1
12.	I have opportunities to share my opinion and ideas about the program.	4	3	2	1
13.	Overall, this program has provided valuable support for me and my family.	4	3	2	1
14.	Other comments about the Program:				