

*** 1. Date class started**

Date/Time

Date

MM/DD/YYYY



*** 2. Which class are you taking?**

- ☐ Common Sense Parenting SCHOOL AGED
- ☐ Positive Indian Parenting
- ☐ Common Sense Parenting TODDLERS AND PRESCHOOLERS
- ☐ Inside Out Dad

*** 3. Trainer Name**

*** 4. How are you taking this class?**

- ☐ Virtual
- ☐ In-Person
- ☐ Both

*** 5. Provider of Class**

Part 1. "All responses on this survey are kept confidential. Your suggestions for program improvement are greatly appreciated and considered. If you have more than one child, consider which child will benefit most from your participation and answer accordingly. For questions asking about a child's behavior, if you do not have children just leave it blank. This survey will ask you to rank how you feel about each statement BEFORE participation in a Parenting class, based on a 1-5 scale.

Part 1. Rate each statement based on how often each category happens in your family. Here you will be asked how often they happen BEFORE the class, then later you will be asked how often they happen AFTER the class.

6. I have confidence in my ability to parent and take care of my child.

Never

Rarely

Half the Time

Often

Always

☐☐☐☐☐

7. I use effective Parenting Program/Reinforcement Skills

Never	Rarely	Half the Time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I help my children learn social skills.

Never	Rarely	Half the Time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. When I am worried about my child, I have someone to talk to.

Never	Rarely	Half the Time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I know how to advocate for my family and children.

Never	Rarely	Half the Time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I set and enforce limits and expectations without losing control.

Never	Rarely	Half the Time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. My children and I enjoy the time we spend together.

Never	Rarely	Half the Time	Often	Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 13. Your Gender**

- ☐ Male
- ☐ Female
- ☐ Other (please specify)

*** 14. Your Age**

- ☐ Under 18
- ☐ 18-23
- ☐ 24-29
- ☐ 30-35
- ☐ 36-40
- ☐ 41-46
- ☐ 47-52
- ☐ 53-58
- ☐ 59+

*** 15. Race/Ethnicity (Check all that apply)**

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Asian American
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Middle Eastern
- ☐ Other (please specify)

*** 16. County of Residence**

*** 17. Tribe or Reservation (check all that apply)**

- ☐ Cheyenne River Sioux Tribe
- ☐ Crow Creek Sioux Tribe
- ☐ Flandreau Santee Sioux Tribe
- ☐ Lower Brule Sioux Tribe
- ☐ Oglala Sioux Tribe
- ☐ Rosebud Sioux Tribe
- ☐ Sisseton Wahpeton Oyate
- ☐ Standing Rock Sioux Tribe
- ☐ Yankton Sioux Tribe
- ☐ Other (please specify)

- ☐ Not Native American

18. Number of Children in Each Age Group

Under 3 Years Old

Between 3 and 6

Between 6 and 12

Over 12

*** 19. Do You Have an Open Case with CPS?**

- ☐ Yes
- ☐ No
- ☐ Unsure

*** 20. Do you have a child or children with Special Needs?** (Developmental disability, Intellectual Disability, a physical or emotional impairment, or chronic illness)

- ☐ Yes
- ☐ No

*** 21. Your Marital Status**

* 22. **Do you have a disability**

- ☐ Yes
- ☐ No
- ☐ Unsure

* 23. **Have you attended Parenting Classes before?**

- ☐ Yes
- ☐ No

* 24. **Referral:** How did you hear about this program? (Check all that apply)

- ☐ Child Protective Services (CPS)
- ☐ Court System
- ☐ TANF
- ☐ Head Start
- ☐ Domestic Violence Program
- ☐ Dept. of Corrections (DOC)
- ☐ Substance Abuse Treatment Program
- ☐ Self-Referral
- ☐ An attorney
- ☐ Social Media
- ☐ Newspaper
- ☐ Flyer or Poster
- ☐ Radio/TV
- ☐ Word of Mouth
- ☐ Other (please specify)

* 25. **In the past year, have you been homeless or worried about becoming homeless?**

- ☐ Yes
- ☐ No
- ☐ Unsure

*** 26. Have you or another family member ever been affected by problems related to any of the following?** (Check all that apply)

- ☐ Substance Abuse
- ☐ Alcohol Abuse
- ☐ Domestic Violence
- ☐ Financial Stability
- ☐ Transportation
- ☐ Legal
- ☐ Other (please specify)

- ☐ None of the above

Resources for Aid:

211 Helpline: <https://www.helplinecenter.org/2-1-1/>

Temporary Assistance for Needy Families: <https://dss.sd.gov/economicassistance/tanf.aspx>

Childcare Assistance: <https://dss.sd.gov/childcare/childcareassistance/default.aspx>

South Dakota Resource Hotline: 1-800-920-4343

Thank you for taking this survey!