

Caring Connections

We need to know if this program is helping families. Please indicate to what extent you think the program has helped your family.

Please fill in the circle that best describes your answer to each statement below:

Scale Definition: 1 - Always 2 - Usually 3 - Sometimes 4 - Never 5 - Not Applicable

	1	2	3	4	5
1. I/We were treated with compassion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our questions were answered so that I/we understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My needs as a parent were heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The needs of my child/youth were heard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The service provided helped to meet my needs as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The service provided helped to meet the needs of my child/youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Useful resources were recommended to our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The Caring Connections Home Visitor respected the choices we made as a family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I/We received new information to help better understand the needs of our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The service provided helped my family to become more connected to the school/community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I/We would contact the Caring Connections Home Visitor for more information to help meet additional needs in our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do you feel this program should continue?				<input type="radio"/>	<input type="radio"/>
				Y	N
13. Your age:					
<input type="radio"/> Under 16	<input type="radio"/> 16-18 years	<input type="radio"/> 19-21 years	<input type="radio"/> 22-30 years	<input type="radio"/> 31-40 years	<input type="radio"/> 41 and over

Your comments are appreciated. Please use the back of this page or another sheet if needed.

What changes would you like to see in this program?

How has the program been beneficial to your family?