



POTOSI R-3 SCHOOL DISTRICT
PARENTS AS TEACHERS MISSOURI CURRICULUM PARTNER

PARENT SATISFACTION SURVEY

INSTRUCTIONS

The Potosi R-3 School District is requesting feedback to improve services provided through the Missouri Parents as Teachers (PAT) Parent Education Program. This survey requests feedback regarding the services provided to your family. Your response will be confidential.

For each statement, mark the response that best describes your experience.

OUTCOMES	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
My parent educator encourages me to read books to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent educator motivates me to try new parenting strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent educator connects me to resources to support my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program has increased my understanding of my child's development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to help my child(ren) learn new skills because of this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent educator is knowledgeable and professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this program to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide additional feedback.

FAMILY AND SERVICE INFORMATION

		CHILD NOT BORN	UNDER AGE ONE	AGE ONE	AGE TWO	AGE THREE	AGE FOUR	AGE FIVE	AGE SIX
Indicate the number of children in your family by their age at the time of the survey.									
	0 – 6 MONTHS	7 – 12 MONTHS	1 – 2 YEARS	2 – 3 YEARS	MORE THAN 3 YEARS				
How many years has your family participated in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	LESS THAN THREE	AT LEAST FIVE	AT LEAST TEN	AT LEAST 15	AT LEAST 20				
How many family visits have you participated in during this school year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	YES	NO, BUT ONE IS SCHEDULED.	NO	CHOSE NOT TO PARTICIPATE					
Has your child(ren) received a developmental screening during this school year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	ONE	TWO	THREE OR MORE	CHOSE NOT TO PARTICIPATE					
How many group connections have you participated in during this school year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

FAMILY AND SERVICE INFORMATION (Continued)

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
The schedule of family visits meet my family's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide additional feedback.

FAMILY VOICE

How has the PAT Parent Education Program impacted your family this year?