

PARENT/CARER EVALUATION FORM

Please complete this form during the last session of the 'Future for Families' parenting programme. Please ask your worker/s for help or clarification (if required).

ORGANISATIONAL DETAILS

Where was the programme delivered? Town/City: County:

Which "Future for Families" parenting programme have you been involved in?

Handling Children's Behaviour **OR** Handling Teenage Behaviour

How was the programme delivered? Parent/carers group sessions **OR** Individually with worker/s

How many sessions were delivered? Sessions

How many sessions did you attend? Sessions

How long were the sessions? Hours per session

When was the programme delivered? Start Date:

End Date:

ABOUT YOU & YOUR CHILD/TEENAGER

How old are you? years old Your ethnic origin:
E.g. Asian British, Black African, Chinese, White East European, Mixed White & Asian etc

Please tick all the boxes below that apply to you:

Female 2 parents co-habiting Foster parent Step parent
 Male Lone parent Adoptive parent Same sex parent
 Family member/friend

Please select the characteristics of your child/children (Please tick all the boxes that apply):

Female Aged 0 - 5 Aged 8 - 12 Special Needs
 Male Aged 5 - 8 Aged 12 - 18 Physical Impairment/Illness

ABOUT THE PARENTING PROGRAMME

How would you rate the affect the parenting programme has had on the following? (Please tick the appropriate boxes)

- Your self-confidence and self-esteem as a parent/carers.
 Backward step No change Little Improvement Much Improvement Huge Improvement
- Your stress levels.
 Backward step No change Little Improvement Much Improvement Huge Improvement
- Your relationship with your child/teenager.
 Backward step No change Little Improvement Much Improvement Huge Improvement
- Your style of parenting.
 Backward step No change Little Improvement Much Improvement Huge Improvement

5. The way you communicate with your child/teenager.
 Backward step No change Little Improvement Much Improvement Huge Improvement
6. Your ability to set rules and limits.
 Backward step No change Little Improvement Much Improvement Huge Improvement
7. Your ability to set consequences.
 Backward step No change Little Improvement Much Improvement Huge Improvement
8. Your knowledge of child development.
 Backward step No change Little Improvement Much Improvement Huge Improvement
9. Your understanding of how patterns of behaviour develop.
 Backward step No change Little Improvement Much Improvement Huge Improvement
10. The way you respond to your child's/teenager's behaviour.
 Backward step No change Little Improvement Much Improvement Huge Improvement
11. Your ability to praise and increase desirable behaviour.
 Backward step No change Little Improvement Much Improvement Huge Improvement
12. Your ability to discuss parenting issues with other people/family members.
 Backward step No change Little Improvement Much Improvement Huge Improvement
13. Your overall family life.
 Backward step No change Little Improvement Much Improvement Huge Improvement
14. The impact the programme has had on you overall.
 Backward step No change Little Improvement Much Improvement Huge Improvement
15. The quality of the materials used by the worker/s.
 Poor OK Good Very Good Excellent
16. The approach and teaching methods.
 Poor OK Good Very Good Excellent
17. The workers knowledge and skills.
 Poor OK Good Very Good Excellent
18. The venue facilities.
 Poor OK Good Very Good Excellent

Please write any additional comments you would like to make about the parenting programme in the box below. We really value your comments and feedback.

Thank you for completing this evaluation form. Your responses will help us to verify this parenting programme nationally. When completed please give it to your worker who will forward your comments to: Future Childcare Training Limited, PO Box, 4388, Rugby, CV21 9DN.