



Bright Beginnings Program Evaluation

Single Retrospective Form

You have recently participated in the *Bright Beginnings* parent education program. Please take a moment to share your thoughts with us. Circle or check the answer that applies to you. When you have completed this form, please return it to the person who provided it to you. There is no need to provide your name. Thank you.

1. I am: Male Female
2. Age _____
3. # of children _____ Ages _____
4. I currently live:
 - Farm/Ranch
 - Rural
 - Urban
5. Family status
 - Married
 - Single
 - Separated/Divorced
 - Cohabiting
 - Widowed
6. Employment Status
 - Full-time (30+ hrs/wk)
 - Part-time
 - Not employed, seeking work
 - Not employed, not seeking work
 - Other _____
7. Education
 - Some high school
 - High school/GED
 - Some college
 - 2-yr/degree
 - 4-yr/degree
 - Masters degree or higher
8. How would you describe your racial or ethnic background? _____
9. Are you eligible to participate in any of these programs? Please check the one(s) that apply.
 - WIC
 - TANF
 - Food Stamps
 - Head Start
 - Medicaid
 - Free/Reduced lunch
10. Were you required to participate in this program by a court or other agency?
 - Yes No
11. The *Bright Beginnings* program I participated in was a:
 - Parenting class (# of sessions _____)
 - Home visitation program
 - Parent discussion group
 - Other (please describe _____)
12. Topic(s) covered (check all that apply):
 - Prenatal Parenting
 - Social Development
 - Brain Development
 - Quality Day Care
 - Attachment
 - Reading
 - Muscle and Motor Skills
 - Play
 - Emotional Intelligence
 - Drug & Alcohol Prevention
 - Don't Remember

Thinking about the program as a whole, please rate the following statements in Questions 13-22. Put an X on the line that corresponds to your rating of the program.

	Not Useful	Slightly Useful	Somewhat Useful	Very Useful	Extremely Useful
13. Overall, I think the value of this program to me was:	_____	_____	_____	_____	_____
14. I feel that the handouts and activities provided to me through this program were:	_____	_____	_____	_____	_____
		Strongly Disagree	Disagree	Agree	Strongly Agree
15. Information was presented in a clear and helpful manner:	_____	_____	_____	_____	_____
16. I was treated in a respectful manner:	_____	_____	_____	_____	_____
	Not at All	A Little Bit	Somewhat	A Lot	Very Much
17. Overall how much, if at all, did this program increase your knowledge about child development ?	_____	_____	_____	_____	_____
18. Overall how much, if at all, did this program increase your knowledge of healthy parenting ?	_____	_____	_____	_____	_____
19. Overall how much, if at all, did this program increase your confidence in being a good parent ?	_____	_____	_____	_____	_____
20. Overall how much, if at all, did this program increase your skills as a parent ?	_____	_____	_____	_____	_____
21. Overall how much, if at all, did this program change your behavior as a parent ?	_____	_____	_____	_____	_____
22. Overall how much, if at all, did this program influence your relationship with your child ?	_____	_____	_____	_____	_____

Listed below are several areas of parenting knowledge and effort. First, please rate where you are **now** after participation in the class/program. Next, please rate where you were **when you began** your participation in the class/program. Use the following 1 to 5 scale:

1 = Hardly Ever 2 = Once in a While 3 = Sometimes 4 = Often 5 = Almost Always

As a parent, I:	Now, After Participation	Before Participation
23. Deal well with the personal impacts of being a parent.	1 2 3 4 5	1 2 3 4 5
24. Pay attention to factors that affect my growing child.	1 2 3 4 5	1 2 3 4 5
25. Give my child a variety of activities and learning experiences.	1 2 3 4 5	1 2 3 4 5
26. Talk, laugh, sing, and converse with my child.	1 2 3 4 5	1 2 3 4 5
27. Respond quickly to my child's cues for attention like crying.	1 2 3 4 5	1 2 3 4 5
28. Hold, hug, and snuggle with my child.	1 2 3 4 5	1 2 3 4 5
29. Go walking, swimming, or do other physical activities with my child.	1 2 3 4 5	1 2 3 4 5

Listed below are several areas of parenting knowledge and effort. First, please rate where you are **now** after participation in the class/program. Next, please rate where you were **when you began** your participation in the class/program. Use the following 1 to 5 scale:

1 = Hardly Ever 2 = Once in a While 3 = Sometimes 4 = Often 5 = Almost Always

As a parent, I:	Now, After Participation	Before Participation
30. Do arts and crafts activities with my child — using scissors, crayons, etc.	1 2 3 4 5	1 2 3 4 5
31. Help my child identify feelings like sadness or fear.	1 2 3 4 5	1 2 3 4 5
32. Discuss with my child how to handle feeling sad or upset.	1 2 3 4 5	1 2 3 4 5
33. Arrange for my child to play with other children his/her own age.	1 2 3 4 5	1 2 3 4 5
34. Talk with my child about how to get along with others even when there is a disagreement.	1 2 3 4 5	1 2 3 4 5
35. Take time to examine the quality of the settings where my child is cared for.	1 2 3 4 5	1 2 3 4 5
36. Am careful about who I ask to care for my child.	1 2 3 4 5	1 2 3 4 5
37. Read with my child each day.	1 2 3 4 5	1 2 3 4 5
38. Discuss contents of a book or story with my child.	1 2 3 4 5	1 2 3 4 5
39. Get down and actively play with my child.	1 2 3 4 5	1 2 3 4 5
40. Follow my child's lead in playing together.	1 2 3 4 5	1 2 3 4 5
41. Try to influence my child's attitudes towards tobacco, alcohol or drug use.	1 2 3 4 5	1 2 3 4 5
42. Help my child deal with negative peer pressure.	1 2 3 4 5	1 2 3 4 5
43. Is there anything you would like to share from your participation in this program? Have you been led to do anything differently as a parent? If so, can you share briefly?		
44. Is there anything you feel would improve the program? If so, what?		

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