



Bright Beginnings Program Evaluation

General 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. Family status
 - Married Cohabiting
 - Single Widowed
 - Separated/Divorced
5. Education
 - Some high school
 - High school/GED
 - Some college
 - 2-yr/degree
 - 4-yr/degree
 - Masters degree or higher
6. How would you describe your racial or ethnic background? _____

Thinking about the program as a whole, please rate the following statements in Questions 7-16. Put an X on the line that corresponds to your rating of the program.

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

Code # _____