

**STRENGTHENING MULTI-ETHNIC FAMILIES AND COMMUNITIES:
A VIOLENCE PREVENTION PARENT TRAINING PROGRAM**

PARENT REGISTRATION FORM

(to be completed by staff person before/after parent attends class sessions)

Date _____ Location _____

Name _____ Home Phone: _____

Address: _____ Work Phone: _____

INITIALS _ _ _ AGE _____ BIRTH DATE _____ SEX _____

Ethnic Background: How long in country (if 1st or 2nd generation?) _____ **Years**

Major Ethnic Roots: _____

Other Ethnic Roots: _____

Is your first language English? ___ Yes ___ No **If not, what?** _____

Have you ever taken a parent education class before? _____ Yes _____ No

Number in Household:

_____ children (0-2 years) _____ children (3-18 years) _____ adults (19 years and older)

What is your current parenting status or relationship to the child?

(check all that apply)

- | | |
|------------------------------------|------------------------------|
| _____ Two parent family | _____ Foster Parent |
| _____ Single parent | _____ Step Parent |
| _____ Grandparent | _____ Relative/Family Friend |
| _____ Non-Custodial Parent | _____ Educator/Advocate |
| _____ Other (Please Specify) _____ | |

What is your household income level (per year):

___ Under \$5,000 ___ \$5,000-\$10,000 ___ \$10,000-\$20,000 ___ \$20,000-\$45,000 ___ Over \$45,000

Highest grade completed:

___ 1st-7th grade ___ 8th grade ___ 12th grade ___ some college ___ college degree

Why are you taking this class?

(check all that apply)

- _____ Become a better parent
- _____ Having problems with children
- _____ Court Ordered
- _____ Learn about drugs/violence

How did you hear about the class?

(check all that apply)

- _____ Flyers/Announcements
- _____ Friend/Relative
- _____ Agency Referral/Court Ordered
- _____ Newspaper /Radio

Forms Completed: (date) Registration _____ Pre Ques. _____ Post Ques. _____

Status: (circle one) (1) Graduated (2) Incomplete (c) Dropped : _____

Attendance:	0	1	2	3	4	5	6	7	8	9	10	11	12
<i>check each session</i>													

TO BE READ BY FACILITATOR - DO NOT REPRODUCE
**STRENGTHENING MULTI-ETHNIC FAMILIES AND COMMUNITIES:
 A VIOLENCE PREVENTION PARENT TRAINING PROGRAM**

PARENT **PRE** QUESTIONNAIRE

PRE QUESTIONNAIRE (Date _____)

INITIALS _ _ _ **AGE** _____ **BIRTH DATE** _____ **SEX** _____

COMMUNITY FOCUS

- | | | | |
|----|---|------------|-----------|
| 1. | Do you participate in Community Activities? | YES | NO |
| 2. | Do you participate in Youth Group Activities? | YES | NO |
| 3. | Do you and your children participate in Spiritual/Religious activities? | YES | NO |
| 4. | Are you actively involved in your children's Education/School? | YES | NO |
| 5. | Do you have a Support Network of friends and family that can help you in times of need? | YES | NO |

FAMILY/PARENT/CHILD INTERACTIONS

	HOW OFTEN DO YOU DO THE FOLLOWING THINGS:	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>
1.	Kiss Or Hug Your Children	1	2	3	4	5
2.	Give Children Rewards	1	2	3	4	5
3.	Yell Or Holler At Children	1	2	3	4	5
4.	Have Fun Together As A Family	1	2	3	4	5
5.	Threaten Or Criticize Children	1	2	3	4	5
6.	Talk About the Dangers Of Drugs/Gangs	1	2	3	4	5
7.	Hit Or Spank Children	1	2	3	4	5
8.	Spend Time With Individual Children	1	2	3	4	5
9.	Ignore Children When Misbehaving	1	2	3	4	5
10.	Tell Others About Child's Bad Behavior	1	2	3	4	5
11.	Acknowledge (Praise) For Good Behavior	1	2	3	4	5
12.	Have Family Discussions to Establish Rules	1	2	3	4	5
13.	Go To Cultural Events Together	1	2	3	4	5
14.	Get Angry When Children Make Mistakes	1	2	3	4	5
15.	Talk About Sexual Responsibility	1	2	3	4	5
16.	Listen To/Ask For Child Opinions and Ideas	1	2	3	4	5

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PARENT PRE QUESTIONNAIRE - PAGE 2 OF 2

PARENT FOCUS:		Very Poor	Poor	So-So	Good	Very Good
HOW GOOD DO YOU FEEL ABOUT YOUR ABILITY:						
1.	To manage your anger?	1	2	3	4	5
2.	To express your emotions?	1	2	3	4	5
3.	To teach your child right from wrong?	1	2	3	4	5
4.	To handle child fighting or destructive behavior?	1	2	3	4	5
5.	To handle child refusal to do housework?	1	2	3	4	5
6.	To make suggestions to child's teacher?	1	2	3	4	5
7.	To make plans to achieve personal goals?	1	2	3	4	5
8.	To access community resources?	1	2	3	4	5
9.	HOW GOOD DO YOU FEEL ABOUT YOUR RELATIONSHIP WITH YOUR CHILDREN?	1	2	3	4	5
10.	HOW GOOD DO YOU FEEL ABOUT YOUR RELATIONSHIP WITH OTHER FAMILY MEMBERS?	1	2	3	4	5

CHILD #1 (3-18 yrs) (first name) _____ **SEX** _____ **AGE** _____ **GRADE** _____

HOW GOOD DO YOU FEEL ABOUT YOUR CHILD'S ABILITY:		Very Poor	Poor	So-So	Good	Very Good
1.	To feel good about him/herself (self-esteem)?	1	2	3	4	5
2.	To manage/express feelings and emotions?	1	2	3	4	5
3.	To control behavior (self-discipline)?	1	2	3	4	5
4.	To consider others when making decisions?	1	2	3	4	5
5.	To ask for help/guidance if needed?	1	2	3	4	5
6.	To avoid using or dealing drugs?	1	2	3	4	5
7.	To avoid violence and stay out of gangs?	1	2	3	4	5
8.	To feel comfortable with his/her ethnicity?	1	2	3	4	5

CHILD #2 (3-18 yrs) (first name) _____ **SEX** _____ **AGE** _____ **GRADE** _____

HOW GOOD DO YOU FEEL ABOUT YOUR CHILD'S ABILITY:		Very Poor	Poor	So-So	Good	Very Good
1.	To feel good about him/herself (self-esteem)?	1	2	3	4	5
2.	To manage/express feelings and emotions?	1	2	3	4	5
3.	To control behavior (self-discipline)?	1	2	3	4	5
4.	To consider others when making decisions?	1	2	3	4	5
5.	To ask for help/guidance if needed?	1	2	3	4	5
6.	To avoid using or dealing drugs?	1	2	3	4	5
7.	To avoid violence and stay out of gangs?	1	2	3	4	5
8.	To feel comfortable with his/her ethnicity?	1	2	3	4	5

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PARENT **PRE** ANSWER SHEET

PRE ASSESSMENT (Date _____)

INITIALS _ _ _ **AGE** _____ **BIRTH DATE** _____ **SEX** _____

COMMUNITY FOCUS

DO YOU OR YOUR CHILDREN PARTICIPATE IN ANY OF THE FOLLOWING?

- | | | | | | |
|----|------------|-----------|----|------------|-----------|
| 1. | <u>YES</u> | <u>NO</u> | 4. | <u>YES</u> | <u>NO</u> |
| 2. | <u>YES</u> | <u>NO</u> | 5. | <u>YES</u> | <u>NO</u> |
| 3. | <u>YES</u> | <u>NO</u> | | | |

FAMILY/PARENT /CHILD INTERACTIONS: HOW OFTEN DO YOU DO THE FOLLOWING?

- | | <u>Never</u> | <u>Rarely</u> | <u>Some</u> | <u>Usually</u> | <u>Always</u> | | <u>Never</u> | <u>Rarely</u> | <u>Some</u> | <u>Usually</u> | <u>Always</u> |
|----|--------------|---------------|-------------|----------------|---------------|-----|--------------|---------------|-------------|----------------|---------------|
| 1. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 9. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 2. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 10. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 3. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 11. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 4. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 12. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 5. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 13. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 6. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 14. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 7. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 15. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 8. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 16. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |

PARENT FOCUS: HOW GOOD DO YOU FEEL ABOUT YOURSELF IN THE FOLLOWING AREAS?

- | | <u>Very Poor</u> | <u>Poor</u> | <u>So-So</u> | <u>Good</u> | <u>Very Good</u> | | <u>Very Poor</u> | <u>Poor</u> | <u>So-So</u> | <u>Good</u> | <u>Very Good</u> |
|----|------------------|-------------|--------------|-------------|------------------|-----|------------------|-------------|--------------|-------------|------------------|
| 1. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 6. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 2. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 7. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 3. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 8. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 4. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 9. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 5. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | 10. | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |

CHILD FOCUS: HOW GOOD DO YOU FEEL ABOUT YOUR CHILD'S ABILITIES?

CHILD #1 (3-18 yrs)

FIRST NAME _____

SEX _____ AGE _____ GRADE _____

	Very Poor	Poor	So-So	Good	Very Good
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5

CHILD #2 (3-18 yrs)

FIRST NAME _____

SEX _____ AGE _____ GRADE _____

	Very Poor	Poor	So-So	Good	Very Good
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5

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**STRENGTHENING MULTI-ETHNIC FAMILIES AND COMMUNITIES:
 A VIOLENCE PREVENTION PARENT TRAINING PROGRAM**

PARENT **POST** QUESTIONNAIRE

POST QUESTIONNAIRE (Date _____)

INITIALS _ _ _ **AGE** _____ **BIRTH DATE** _____ **SEX** _____

COMMUNITY FOCUS:

SINCE PARTICIPATING IN THE PROGRAM, HAVE YOU INCREASED YOUR INVOLVEMENT?

- | | | | |
|----|---|------------|-----------|
| 1. | in Community Activities? | YES | NO |
| 2. | in Youth Group Activities? | YES | NO |
| 3. | in Spiritual/Religious activities? | YES | NO |
| 4. | in your children's Education/School? | YES | NO |
| 5. | Do you have a Support Network of friends and family that can help you in times of need? | YES | NO |

FAMILY/PARENT/CHILD INTERACTIONS

HOW OFTEN DO YOU DO THE FOLLOWING THINGS:

		<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>
1.	Kiss Or Hug Your Children	1	2	3	4	5
2.	Give Children Rewards	1	2	3	4	5
3.	Yell Or Holler At Children	1	2	3	4	5
4.	Have Fun Together As A Family	1	2	3	4	5
5.	Threaten Or Criticize Children	1	2	3	4	5
6.	Talk About the Dangers Of Drugs/Gangs	1	2	3	4	5
7.	Hit Or Spank Children	1	2	3	4	5
8.	Spend Time With Individual Children	1	2	3	4	5
9.	Ignore Children When Misbehaving	1	2	3	4	5
10.	Tell Others About Child's Bad Behavior	1	2	3	4	5
11.	Acknowledge (Praise) For Good Behavior	1	2	3	4	5
12.	Have Family Discussions to Establish Rules	1	2	3	4	5
13.	Go To Cultural Events Together	1	2	3	4	5
14.	Get Angry When Children Make Mistakes	1	2	3	4	5
15.	Talk About Sexual Responsibility	1	2	3	4	5
16.	Listen To/Ask For Child Opinions and Ideas	1	2	3	4	5

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PARENT POST QUESTIONNAIRE - PAGE 2 OF 3

PARENT FOCUS:		Very Poor	Poor	So-So	Good	Very Good
HOW GOOD DO YOU FEEL ABOUT YOUR ABILITY:						
1.	To manage your anger?	1	2	3	4	5
2.	To express your emotions?	1	2	3	4	5
3.	To teach your child right from wrong?	1	2	3	4	5
4.	To handle child fighting or destructive behavior?	1	2	3	4	5
5.	To handle child refusal to do housework?	1	2	3	4	5
6.	To make suggestions to child's teacher?	1	2	3	4	5
7.	To make plans to achieve personal goals?	1	2	3	4	5
8.	To access community resources?	1	2	3	4	5
9.	HOW GOOD DO YOU FEEL ABOUT YOUR RELATIONSHIP WITH YOUR CHILDREN?	1	2	3	4	5
10.	HOW GOOD DO YOU FEEL ABOUT YOUR RELATIONSHIP WITH OTHER FAMILY MEMBERS?	1	2	3	4	5

CHILD #1 (3-18 yrs) (first name) _____ **SEX** _____ **AGE** _____ **GRADE** _____

HOW GOOD DO YOU FEEL ABOUT YOUR CHILD'S ABILITY:		Very Poor	Poor	So-So	Good	Very Good
1.	To feel good about him/herself (self-esteem)?	1	2	3	4	5
2.	To manage/express feelings and emotions?	1	2	3	4	5
3.	To control behavior (self-discipline)?	1	2	3	4	5
4.	To consider others when making decisions?	1	2	3	4	5
5.	To ask for help/guidance if needed?	1	2	3	4	5
6.	To avoid using or dealing drugs?	1	2	3	4	5
7.	To avoid violence and stay out of gangs?	1	2	3	4	5
8.	To feel comfortable with his/her ethnicity?	1	2	3	4	5

CHILD #2 (3-18 yrs) (first name) _____ **SEX** _____ **AGE** _____ **GRADE** _____

HOW GOOD DO YOU FEEL ABOUT YOUR CHILD'S ABILITY:		Very Poor	Poor	So-So	Good	Very Good
1.	To feel good about him/herself (self-esteem)?	1	2	3	4	5
2.	To manage/express feelings and emotions?	1	2	3	4	5
3.	To control behavior (self-discipline)?	1	2	3	4	5
4.	To consider others when making decisions?	1	2	3	4	5
5.	To ask for help/guidance if needed?	1	2	3	4	5
6.	To avoid using or dealing drugs?	1	2	3	4	5
7.	To avoid violence and stay out of gangs?	1	2	3	4	5
8.	To feel comfortable with his/her ethnicity?	1	2	3	4	5

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PARENT POST QUESTIONNAIRE - PAGE 3 OF 3

CURRICULUM INFORMATION:

HOW WOULD YOU RATE THE INFORMATION PRESENTED IN THE CURRICULUM:

	<u>Very Poor</u>	<u>Poor</u>	<u>So-So</u>	<u>Good</u>	<u>Very Good</u>
1. ETHNIC/CULTURAL ROOTS & TRADITIONS	1	2	3	4	5
2. ENHANCING RELATIONSHIPS	1	2	3	4	5
3. THE POSITIVE DISCIPLINE TECHNIQUES	1	2	3	4	5
4. RITES OF PASSAGE TOPICS & ACTIVITIES	1	2	3	4	5
5. THE COMMUNITY INVOLVEMENT ACTIVITIES	1	2	3	4	5

CLASS PROCESS

HOW WOULD YOU RATE THE WAY THE CLASS WAS CONDUCTED:

	<u>Very Poor</u>	<u>Poor</u>	<u>So-So</u>	<u>Good</u>	<u>Very Good</u>
1. THE OPPORTUNITY TO EXCHANGE IDEAS AND ASK QUESTIONS DURING THE CLASS.	1	2	3	4	5
2. THE ROLE-PLAY ACTIVITIES.	1	2	3	4	5
3. THE PARENT BOOK.	1	2	3	4	5
4. THE FOLLOW-UP ACTIVITIES.	1	2	3	4	5
5. MY INSTRUCTOR'S KNOWLEDGE AND SKILL IN CONDUCTING THE CLASS.	1	2	3	4	5

I WOULD RECOMMEND THE CLASS TO FAMILY AND FRIENDS (Y/N) _____

I PLAN TO PARTICIPATE IN A PARENT GROUP AFTER GRADUATION (Y/N) _____

WHAT IDEAS OR SKILLS BENEFITED YOU THE MOST:

POSITIVE CHANGES YOU HAVE OBSERVED IN SELF OR IN RELATIONSHIP WITH OTHERS AS A RESULT OF PARTICIPATING IN THIS PROGRAM?

WHAT SUGGESTIONS WOULD YOU OFFER TO IMPROVE THE CLASS?

OTHER COMMENTS? _____

**STRENGTHENING MULTI-ETHNIC FAMILIES AND COMMUNITIES:
A VIOLENCE PREVENTION PARENT TRAINING PROGRAM**

PARENT **POST** ANSWER SHEET

POST ASSESSMENT (Date _____)

INITIALS _ _ _ **AGE** _____ **BIRTH DATE** _____ **SEX** _____

COMMUNITY FOCUS

SINCE PARTICIPATING IN THE PROGRAM, HAVE YOU INCREASED YOUR INVOLVEMENT?

- | | |
|-----------------------|-----------------------|
| 1. YES _____ NO _____ | 4. YES _____ NO _____ |
| 2. YES _____ NO _____ | 5. YES _____ NO _____ |
| 3. YES _____ NO _____ | |

FAMILY/PARENT /CHILD INTERACTIONS: HOW OFTEN DO YOU DO THE FOLLOWING?

	<u>Never</u>	<u>Rarely</u>	<u>Some</u>	<u>Usually</u>	<u>Always</u>		<u>Never</u>	<u>Rarely</u>	<u>Some</u>	<u>Usually</u>	<u>Always</u>
1.	1	2	3	4	5	9.	1	2	3	4	5
2.	1	2	3	4	5	10.	1	2	3	4	5
3.	1	2	3	4	5	11.	1	2	3	4	5
4.	1	2	3	4	5	12.	1	2	3	4	5
5.	1	2	3	4	5	13.	1	2	3	4	5
6.	1	2	3	4	5	14.	1	2	3	4	5
7.	1	2	3	4	5	15.	1	2	3	4	5
8.	1	2	3	4	5	16.	1	2	3	4	5

PARENT FOCUS: HOW GOOD DO YOU FEEL ABOUT YOURSELF IN THE FOLLOWING AREAS?

	<u>Very Poor</u>	<u>Poor</u>	<u>So-So</u>	<u>Good</u>	<u>Very Good</u>		<u>Very Poor</u>	<u>Poor</u>	<u>So-So</u>	<u>Good</u>	<u>Very Good</u>
1.	1	2	3	4	5	6.	1	2	3	4	5
2.	1	2	3	4	5	7.	1	2	3	4	5
3.	1	2	3	4	5	8.	1	2	3	4	5
4.	1	2	3	4	5	9.	1	2	3	4	5
5.	1	2	3	4	5	10.	1	2	3	4	5

PARENT POST ANSWER SHEET - PAGE 2 OF 2

CHILD FOCUS: HOW GOOD DO YOU FEEL ABOUT YOUR CHILD'S ABILITIES?

CHILD #1 (3-18 yrs)

FIRST NAME _____

SEX _____ AGE _____ GRADE _____

	Very Poor	Poor	So-So	Good	Very Good
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5

CHILD #2 (3-18 yrs)

FIRST NAME _____

SEX _____ AGE _____ GRADE _____

	Very Poor	Poor	So-So	Good	Very Good
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5

CURRICULUM INFORMATION:

1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

CLASS PROCESS:

1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

I WOULD RECOMMEND THE CLASS TO FAMILY AND FRIENDS (Y/N) _____

I PLAN TO PARTICIPATE IN A PARENT GROUP AFTER GRADUATION (Y/N) _____

WHAT IDEAS OR SKILLS BENEFITED YOU THE MOST:

POSITIVE CHANGES YOU HAVE OBSERVED
IN SELF OR IN RELATIONSHIP WITH OTHERS?

WHAT SUGGESTIONS WOULD YOU OFFER TO IMPROVE THE CLASS?

OTHER COMMENTS? _____
