

PARENT SURVEY
POST-Program
v2011



Child's Name
(Please tear off this page and keep it for your own records)

Dear Parent or Guardian,

We're glad you have decided to participate in our evaluation study. The answers you provide will help us determine if 4-H/YFP has been helpful to you and your family. Your responses are VERY important and your answers will remain strictly confidential.

As you read each of the survey items, please fill in the circle that most closely describes you and your family. Unless stated otherwise, select only one response per question or statement. Your answers will be scanned by a computer, so please fill in the appropriate circle with a dark pencil or pen (see example items below). *If you make a mistake that cannot be erased, mark through the incorrect answer with a BIG X.*

Example 1:

	Very much like your child	Like your child	Not much like your child	Not at all like your child
Loves ice-cream.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Example 2:

NOW						BEFORE				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	The Utah Jazz is a great team.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you are finished, please seal your answers in the envelope provided and return the envelope to your Site Coordinator. If you have any questions please ask your Site Coordinator. You are also welcome to call the 4-H/YFP program office at (435) 797-1543 or e-mail at yfp@ext.usu.edu. Thank you for completing our survey!

Sincerely,

Dr. Kevin Kesler, Ph.D.
Director, 4-H Youth Development Programs
Utah State University
Logan, UT 84322-2705
(435) 797-1543

This project has been approved by the Institutional Review Board at Utah State University. For more information or if you have questions about the project or its use, please call or write to: The Utah State University Human Subjects Committee, Office of the Vice President for Research, 9530 Old Main Hill, Suite 162, Logan, UT 84322-9530, (435) 797-1821.



Office Use:

_____ County

_____ Site

_____ Youth Number

Today's Date:

- | | | | | | |
|-----------------------|-------------|-----------------------|------------|-----------------------|------------|
| <input type="radio"/> | 2011 | <input type="radio"/> | Jan | <input type="radio"/> | Jul |
| <input type="radio"/> | 2012 | <input type="radio"/> | Feb | <input type="radio"/> | Aug |
| <input type="radio"/> | 2013 | <input type="radio"/> | Mar | <input type="radio"/> | Sep |
| <input type="radio"/> | 2014 | <input type="radio"/> | Apr | <input type="radio"/> | Oct |
| | | <input type="radio"/> | May | <input type="radio"/> | Nov |
| | | <input type="radio"/> | Jun | <input type="radio"/> | Dec |

- | | | |
|----------------------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent Post | Youth Post | Mentor Post |

About You and Your Child's Home Situation. . .

1. Who filled out this survey?

- Grandfather
- Grandmother
- Father
- Mother
- Relative
- Other: _____

2. What is your current age?

- 25-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51 or older

3. What is your current relationship status (select one)?

- Single (never married)
- Living with a partner
- Married (1st time)
- Remarried
- Divorced
- Separated
- Widowed
- Other: _____

4. What is the total number of people living in your household? _____

5. What are your current living arrangements (mark ALL that are true for you)?

- Living alone (*no other adults live with you*).
- Living with spouse
- Living with girlfriend/boyfriend
- Living with parent(s)
- Living with roommate(s)
- Sharing household with extended family (*grandparents, in-laws, uncles, aunts, etc.*)

6. What is your gross family income (*Before taxes and other deductions*)?

- Less than \$14,999
- \$15,000-24,999
- \$25,000-34,999
- \$35,000-44,999
- \$45,000-54,999
- \$55,000-64,999
- \$65,000-74,999
- \$75,000-84,999
- Over \$85,000

7. What is the highest level of education you have completed?

- 8th grade or less
- Some high school
- H.S. diploma / G.E.D.
- Vocational/Technical program
- Some college
- 4-year college degree
- Some graduate work
- Graduate degree

Part B: About The Program. . .

1. What was your FAVORITE thing about your child having a mentor?

2. What are your LEAST FAVORITE things about your child having a mentor?

3. What was your favorite Family Night Out activity? Why?

Part C: About Your Child's Mentor . . .

We are interested in your feelings about your child's mentor. Please circle the answer that best describes how much you agree with the following statements.

Strongly Disagree Disagree Neutral Agree Strongly Agree

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My child's mentor really cares about him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My child's mentor asks him/her what he/she wants to do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My child likes doing things with his/her mentor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel comfortable with my child's mentor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I feel like my child's mentor really wants to spend time with him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My child's mentor makes him/her feel valued/important. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. My child and his/her mentor like doing the same things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. My child trusts his/her mentor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. My child's mentor follows through with their plans. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. My child's mentor teaches him/her new things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. My child's mentor keeps me informed of their plans. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. My child's mentor meets my expectations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I can talk to my child's mentor about my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. My child's mentor is someone I can talk to about problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*****IMPORTANT*** Please complete all of the "NOW" questions first. Once these questions have been completed move on to the questions about "BEFORE" having 4-H/YFP involvement.**

Part D: About Your Child's School Experiences . . .

We are interested in how you view your child's experiences with school and learning. Please circle the answer that best describes how much you agree with the following statements both NOW and BEFORE 4-H/YFP involvement.

- | <u>NOW</u> | | | | | | <u>BEFORE</u> | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Doing well in school is important to my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. My child likes to learn new things at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. My child thinks teachers care about him/her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. My child finishes homework on time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. My child reads during free time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. My child enjoys school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part E: About Your Family . . .

We are interested in your experiences as a family. Please circle the answer that best describes how much you agree with the following statements both *NOW* and *BEFORE* 4-H/YFP involvement.

<u>NOW</u>						<u>BEFORE</u>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. I get along with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. I feel close to my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. My family members express love for each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. My child respects me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. We tell each other the good things we like about each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. We try to understand one another's feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. We do nice things for each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. We say what we really feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. We really listen to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. We enjoy talking with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. We talk about things without arguing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part F: About Your Child . . .

We are interested in your child. Please circle the answer that best describes how much you agree with the following statements both *NOW* and *BEFORE* 4-H/YFP involvement.

<u>NOW</u>						<u>BEFORE</u>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. My child plans ahead to get things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. My child is good at making and keeping friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. My child tries problem solving without fighting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. My child does not participate in risky behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. My child reaches goals he/she sets for him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. My child keeps trying even if things are hard to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. My child is a leader in a group, like a team or a club.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. My child feels confident about him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part G: More Questions About Your Child . . .

Please circle the answer that best describes how often your child participates in the following activities both NOW and BEFORE 4-H/YFP involvement.

<u>NOW</u>						<u>BEFORE</u>				
Daily	Weekly	Monthly	A few times a year	Never		Daily	Weekly	Monthly	A few times a year	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Steals something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Tries to damage or destroy property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Smokes cigarettes or use tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Drinks alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Hits or beats up someone outside your family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Skips school without permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Gets sent to the Principal's office for being in trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Cheats on a test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Receives D or F grades in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part H: About Parenting . . .

We are interested in your feelings about parenting. Please circle the answer that best describes how much you agree with the following statements both NOW and BEFORE 4-H/YFP involvement.

<u>NOW</u>						<u>BEFORE</u>				
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. I am able to handle the demands of parenting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. I enjoy parenting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. I praise my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. I have consistent expectations for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. I feel good about my parenting approaches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part I: About Your Child's Program Experience . . .

We would like to know more about your experience with 4-H/YFP over the last year. Please answer the following questions as best you can.

	Always	Usually	Sometimes	Not Often	Never
1. How often did your family participate in Family Night Out activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How often did your child participate in 4-H activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Approximately how long has your child participated in 4-H/YFP?

- 3 months
- 6 months
- 9 months
- 1 year or more

4. On average, how many total hours do/did your child spend with his/her mentor (either in person or on the phone/e-mail) in one month?

- 0-2 hours
- 2-4 hours
- 4-6 hours
- 6-8 hours
- 8-10 hours
- more than 10 hours

5a. What type of grades did your child earn in school on his/her MOST RECENT report card?

5b. What type of grades did your child earn in school BEFORE 4-H/YFP?

5a. Most Recent

5b. Before

- | | | |
|-----------------------|--------------|-----------------------|
| <input type="radio"/> | All A's | <input type="radio"/> |
| <input type="radio"/> | A's and B's | <input type="radio"/> |
| <input type="radio"/> | B's and C's | <input type="radio"/> |
| <input type="radio"/> | C's and D's | <input type="radio"/> |
| <input type="radio"/> | D's and F's | <input type="radio"/> |
| <input type="radio"/> | All F's | <input type="radio"/> |
| <input type="radio"/> | I don't know | <input type="radio"/> |

Yes No Not Applicable

6. Did your child complete a 4-H project?

-

7. Did your child submit his/her 4-H project/item to your local county fair?

-

8. Would you recommend this program to other parents/families?

-

9. Would you participate in the program again?

-

10. How often do you check your child's academic information (e.g., attendance, homework, etc.) on-line using the internet?

- Daily
- Weekly
- Monthly
- A few times a year
- Never
- Not applicable

Thank you for your time!