## Participant Survey



Please provide your valuable feedback about the program by rating how much you agree or disagree with the following statements.

Your responses are anonymous and confidential. Thank you!

Program Name:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Services and activities are offered at a convenient location for families	s. 4	3	2	1
2. Services and activities are offered at convenient times for families.	4	3	2	1
3. Staff members are welcoming and respectful of families.	4	3	2	1
4. Staff members ask me about my family's strengths.	4	3	2	1
5. Staff members ask me about my family's concerns, priorities, and need	s. 4	3	2	1
6. Staff members provide or connect me with resources to address members, priorities, and needs.	<sup>1</sup> y 4	3	2	1
7. Staff members support me to understand healthy family developmen	nt. 4	3	2	1
8. Staff members welcome multiple people that are important in my child's/children's lives to participate in Program services and activity	ties 4	3	2	1
9. I have opportunities to build good relationships with other families through the Program.	4	3	2	1
10. Staff support me to advocate for what my family needs.	4	3	2	1
11. The Program offers opportunities for me to be involved in addressing community issues and priorities.	4	3	2	1
12. The Program offers opportunities for me to develop leadership skills to use in the community.	4	3	2	1
13. Staff members value my feedback and ideas about the Program.	4	3	2	1
14. Overall, the Program has provided valuable support for me/my far	nily. 4	3	2	1
15. I would like to share these additional comments about the Program	n:			