

FORM TO BE COMPLETED AT
END OF THE PROGRAMME/LAST SESSION

PRB P145/Staff on Parent

STAFF QUESTIONNAIRE ABOUT PARENT

CONFIDENTIAL

What this form is for

This form asks for a small amount of background data from staff, on parents who have taken part in your project as part of the Involving Young People initiative. The form is **private and confidential** – only the researchers will see your answers. When you have finished, please put your form in the envelope provided.

**PROJECT WORKERS PLEASE COMPLETE THIS BOX BEFORE COMPLETING
/ DISTIRBUTING THE QUESTIONNAIRE**

Project name

Parent's serial number P

Tick here if filled in on Serial Number Sheet

Date given out / completed

Q1 What is the sex of this parent? Tick ONE box Male ₁ Female ₂

Q2 Did the parent's partner also attend the project? Tick ONE box

Yes ₁ No ₂ Don't know ₃ Not applicable (no partner) ₄

Q3 Over what period of time (from start to finish) was the parent involved in the project? Enter weeks

Q4 How many sessions in total should this parent have attended or taken part in? Enter maximum number of sessions

Q5 How many sessions in total did this parent actually attend or take part in? Enter number of sessions actually completed

Q6 In total, how many hours of contact did this parent have with the project? Enter number of hours actually completed

Q7 Did this parent "drop out" of the project before the end? (i.e. end involvement against the project workers' wishes) Tick ONE box

Yes ₁ No ₂

Go to Q8

Go to Q9

Q8 What main reason did the parent give for "dropping out"? Tick ONE box

Session times / places were inconvenient ₁

Didn't feel that the project was helping ₂

Their partner replaced them on the project ₃

Their child didn't want to be involved any more ₄

No reason given ₅

Other Please specify..... ₆

Q9 How did this parent come to be referred to the programme?

Please tick all the boxes that apply

Compulsory attendance via Court/YOT	<input type="checkbox"/>	1
<hr/>		
Voluntary attendance via YOT	<input type="checkbox"/>	2
<hr/>		
Referred by other agency:		
Education	<input type="checkbox"/>	3
Health	<input type="checkbox"/>	4
Social services	<input type="checkbox"/>	5
Other	<input type="checkbox"/>	6
<hr/>		
Self referral, no agency involved	<input type="checkbox"/>	7

Please specify

Q10 When first referred, how would you describe this parent's attitude to involvement with the project? Please tick ONE box

Very happy about it	<input type="checkbox"/>	1
Fairly happy	<input type="checkbox"/>	2
<hr/>		
Neither happy nor unhappy	<input type="checkbox"/>	3
Fairly unhappy	<input type="checkbox"/>	4
<hr/>		
Not at all happy about it	<input type="checkbox"/>	5
Can't say	<input type="checkbox"/>	6

Q11 Now that the parent has stopped attending the project, how would you describe his or her attitude? Please tick ONE box

Very satisfied	<input type="checkbox"/>	1
Fairly satisfied	<input type="checkbox"/>	2
<hr/>		
Neither satisfied nor dissatisfied (i.e. neutral)	<input type="checkbox"/>	3
Fairly dissatisfied	<input type="checkbox"/>	4
<hr/>		
Very dissatisfied	<input type="checkbox"/>	5
Can't say	<input type="checkbox"/>	6

Q12 In your view, how much did this parent benefit from coming to the project? Give your answer on a scale from 1 to 5, where 1 = parent benefited a great deal and 5 = no benefit at all

Enter a number from 1 to 5

Q13 Is there anything else you would like to say about this parent, or about his/her involvement in the project, that might help the evaluators?
Please write in your answer below

Thank you very much for filling in this form. Now please put it in the envelope provided and return it to the evaluation team or the Project Leader.