



Time	2	CID				
Mom/Other		Dad/Other				
Parent Group Leaders						
Child Group Leaders						

Parent Satisfaction Questionnaire

Parent Group and Dinosaur School

This questionnaire is part of our evaluation of the parenting classes and Dinosaur School. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

A. The Overall Program

- The major problem(s) that originally prompted me to begin treatment for my child is (are) at this point
 - Considerably worse
 - Worse
 - Slightly worse
 - The same
 - Slightly improved
 - Improved
 - Greatly improved
- At this point my feelings about my child's progress are that I am
 - Very dissatisfied
 - Dissatisfied
 - Slightly dissatisfied
 - Neutral
 - Slightly satisfied
 - Satisfied
 - Very satisfied
- At this point, my expectation for good results from The Incredible Years program is
 - Very pessimistic
 - Pessimistic
 - Slightly pessimistic
 - Neutral
 - Slightly optimistic
 - Optimistic
 - Very optimistic
- My child's problems which I/we have treated with clinic methods are at this point
 - Considerably worse
 - Worse
 - Slightly worse
 - The same
 - Slightly improved
 - Improved
 - Greatly improved
- To what degree has the treatment program helped with other general personal or family problems not directly related to your child? (e.g., marriage, parenting skills)
 - Hindered much more than helped
 - Hindered
 - Hindered slightly
 - Neither helped nor hindered
 - Helped slightly
 - Helped
 - Helped very much
- I feel that the approach used to treat my child's problems in this program is
 - Very inappropriate
 - Inappropriate
 - Slightly inappropriate
 - Neutral
 - Slightly appropriate
 - Appropriate
 - Very appropriate



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CID				
Mom/Other	Dad/Other			
<input type="radio"/>	<input type="radio"/>			

7. Would you recommend the program to a friend or relative?
- Strongly not recommend
 - Not recommend
 - Slightly not recommend
 - Neutral
 - Slightly recommend
 - Recommend
 - Strongly recommend
9. How confident are you in your ability to manage *future* behavior problems in the home?
- Very unconfident
 - Unconfident
 - Somewhat unconfident
 - Neutral
 - Somewhat confident
 - Confident
 - Very confident

8. How confident are you in managing *current* behavior problems in the home on your own?
- Very unconfident
 - Unconfident
 - Somewhat unconfident
 - Neutral
 - Somewhat confident
 - Confident
 - Very confident
10. My overall feeling about achieving my goals in this treatment program for my child is
- Very negative
 - Negative
 - Somewhat negative
 - Neutral
 - Slightly positive
 - Positive
 - Very positive

B. Teaching Format - Usefulness

In this section, we'd like to get your ideas of how useful each of the following aspects of the program is. Please mark the response that most clearly describes your opinion.

	Extremely useless	Not useful	Somewhat useless	Neutral	Somewhat useful	Useful	Extremely useful
1. Content of information presented	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
2. Demonstration of parenting skills through use of videotape vignettes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
3. Group discussion of parenting skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
4. Practice of play skills at home with your child	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
5. Other home activities (e.g., practice praise, positive commands, list of behaviors)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
6. If you read the chapters from the book, did you find them: Mark here if you did not read book: ☐	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
7. If you used the audiotapes of the chapters, did you find them: Mark here if audiotapes not used: ☐	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
8. If you used the handouts (refrigerator notes and other handouts), did you find them:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
9. If you used the "buddy calls", did you find them:	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
10. Use of practice or roleplays during group sessions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
11. Phone calls from leaders	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7



CID		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mom/Other	Dad/Other				
<input type="radio"/>	<input type="radio"/>				

C. Specific Parenting Techniques

Usefulness

1. In this section, we'd like to get your ideas of the usefulness of each of the following techniques now. Please mark the response that most closely describes how useful the technique is.

Extremely useless
Not useful
Somewhat useless
Neutral
Somewhat useful
Useful
Extremely useful

a. Play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Descriptive commenting (academic, social and emotional coaching)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Praise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rewards (stickers, charts, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Ignoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Good commands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Time-Out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Natural and logical consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Problem-solving with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Problem-solving with adults and teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Helping child control his/her anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. This overall group of techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Parent Group Leaders

Name of Parent Group Leader:

In this section we'd like to get your ideas about your parent group leaders. Please mark the response to each question that best expresses how you feel.

Very poor
Fair
Slightly below average
Average
Slightly above average
High
Superior

- I feel that the leader's teaching was:
- The leader's preparation was:

<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Concerning the leader's interest and concern in me and my child, I was:
 - Extremely dissatisfied
 - Dissatisfied
 - Slightly dissatisfied
 - Neutral
 - Slightly satisfied
 - Satisfied
 - Extremely satisfied

- At this point, I feel that the leader in the program was:
 - Extremely unhelpful
 - Unhelpful
 - Slightly unhelpful
 - Neutral
 - Slightly helpful
 - Helpful
 - Extremely helpful



Parent Satisfaction Questionnaire
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CID				
Mom/Other	Dad/Other			
<input type="radio"/>	<input type="radio"/>			

Name of Parent Group Leader: _____

In this section we'd like to get your ideas about your parent group leaders. Please mark the response to each question that best expresses how you feel.

- Very poor
 - Fair
 - Slightly below average
 - Average
 - Slightly above average
 - High
 - Superior
- ① ② ③ ④ ⑤ ⑥ ⑦
- ① ② ③ ④ ⑤ ⑥ ⑦

1. I feel that the leader's teaching was:
2. The leader's preparation was:
3. Concerning the leader's interest and concern in me and my child, I was:
 - Extremely dissatisfied
 - Dissatisfied
 - Slightly dissatisfied
 - Neutral
 - Slightly satisfied
 - Satisfied
 - Extremely satisfied

4. At this point, I feel that the leader in the program was:
 - Extremely unhelpful
 - Unhelpful
 - Slightly unhelpful
 - Neutral
 - Slightly helpful
 - Helpful
 - Extremely helpful

E. Parent Group

In this section we'd like to get your ideas about your group. Please mark the response to each question that best expresses how you feel.

1. I feel the group was:
 - Very nonsupportive
 - Somewhat nonsupportive
 - Neutral
 - Somewhat supportive
 - Very supportive
2. Concerning other group members' interest in me and my child, I felt they were:
 - Very uninterested
 - Somewhat uninterested
 - Neutral
 - Somewhat interested
 - Very interested
3. I would like to continue meeting as a group Yes No
4. How likely is it that you will continue meeting as a support group with some of the parents from the group?.
 - Highly unlikely
 - Somewhat unlikely
 - Neutral
 - Somewhat likely
 - Very likely



Draft

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CID		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mom/Other		Dad/Other			
<input type="radio"/>		<input type="radio"/>			

F. Your opinion please

1. During the time you were in this program, did you receive any type of therapy for yourself or your child? Examples: counseling, family therapy, child therapy. If "yes", please elaborate:

No Yes Elaborate: _____

2. At this time, do you feel the need for individual or group therapy? If "yes", please elaborate:

No Yes Elaborate: _____

Dinosaur School Group Leaders

Leader Name: _____

In this section we'd like to get your ideas about your child's Dinosaur School group leaders. Please mark the response to each question that best expresses how you or your child feels

1. Concerning the Dinosaur School group leader's interest and concern in me and my child, I was

- Extremely dissatisfied
- Dissatisfied
- Slightly dissatisfied
- Neutral
- Slightly satisfied
- Satisfied
- Extremely satisfied

3. Concerning my personal feelings toward the Dinosaur School Group leader, I

- I dislike him/her very much
- I dislike him/her
- I dislike his/her slightly
- I have a neutral attitude toward him/her
- I like him/her slightly
- I like him/her
- I like him/her very much

2. At this point, I feel that the Dinosaur School group leader was

- Extremely unhelpful
- Unhelpful
- Slightly unhelpful
- Neutral
- Slightly helpful
- Helpful
- Extremely helpful

3. Concerning my child's feelings toward Dinosaur School

- Dislikes very much
- Dislikes quite a bit
- Dislikes slightly
- Has a neutral attitude about
- Likes slightly
- Likes quite a bit
- Likes very much



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CID				
Mom/Other	Dad/Other			
<input type="radio"/>	<input type="radio"/>			

Dinosaur School Group Leaders

Leader Name: _____

In this section we'd like to get your ideas about your child's Dinosaur School group leaders. Please mark the response to each question that best expresses how you or your child feels

1. Concerning the Dinosaur School group leader's interest and concern in me and my child, I was

- Extremely dissatisfied
- Dissatisfied
- Slightly dissatisfied
- Neutral
- Slightly satisfied
- Satisfied
- Extremely satisfied

3. Concerning my personal feelings toward the Dinosaur School Group leader, I

- I dislike him/her very much
- I dislike him/her
- I dislike his/her slightly
- I have a neutral attitude toward him/her
- I like him/her slightly
- I like him/her
- I like him/her very much

2. At this point, I feel that the Dinosaur School group leader was

- Extremely unhelpful
- Unhelpful
- Slightly unhelpful
- Neutral
- Slightly helpful
- Helpful
- Extremely helpful

H. Your Opinion Please

Involvement with the Dinosaur Curriculum

1. How useful was the Dinosaur School homework?
2. How useful was it to support your child's success at school by reviewing behavior plans?
3. How helpful do you think your child's Dinosaur School experience was to your child?

Extremely useless
Not useful
Somewhat useless
Neutral
Somewhat useful
Useful
Extremely useful

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

4. How often did your child talk about Dinosaur School at home?
5. How often did your child do Dinosaur School homework?
6. Did your child use any of the following strategies at home to manage his/her emotions?
 - a. Take deep breaths
 - b. Go into turtle shell
 - c. Talk about feelings
 - d. Use the problem solving steps

Never
Seldom
Sometimes
Often
Very Frequently

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5



**Parent Satisfaction Questionnaire
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CID				
Mom/Other	Dad/Other			
<input type="radio"/>	<input type="radio"/>			

7. What did your child like most about the Dinosaur School?

8. What did you like least about Dinosaur School?

9. How could the program have been improved to help you more?

10. At this time do you feel the need for additional individual or group therapy?
Please elaborate:

Yes No