

CONNECT FEEDBACK FORM

YOUR NAME: _____

YOUR CHILD'S NAME: _____

DATE: _____

PLEASE ANSWER AS HONESTLY AS YOU CAN. ONCE COMPLETED, YOUR RESPONSES WILL BE ENTERED INTO A SECURE DATABASE AND YOUR NAME WILL BE REMOVED TO ENSURE CONFIDENTIALITY.

1. TO WHAT EXTENT WERE EACH OF THE FOLLOWING HELPFUL TO YOU? PLEASE CHECKMARK YOUR ANSWER. YOU CAN ADD COMMENTS IF YOU WISH.

a. OPPORTUNITY TO TALK ABOUT MY CHILD'S BEHAVIOUR AND ISSUES?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

b. HEARING OTHER PARENTS DISCUSS THEIR CHILD'S BEHAVIOUR AND ISSUES?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

c. OPPORTUNITY TO GET SUPPORT FROM OTHER PARENTS?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

d. LEARNING ABOUT ATTACHMENT?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

e. DISCUSSING HOW ATTACHMENT MIGHT BE RELATED TO MY CHILD'S BEHAVIOUR?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

f. DISCUSSING HOW ATTACHMENT MIGHT BE RELATED TO MY BEHAVIOUR?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

g. ROLE-PLAYS TO ILLUSTRATE POINTS?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

h. OTHER GROUP EXERCISES THAT ILLUSTRATED POINTS?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

Specify (if possible): _____

i. HANDOUTS, SUGGESTIONS OF THINGS TO THINK ABOUT OR TRY AT HOME?

☐ Very helpful ☐ Helpful ☐ Not that helpful ☐ Unhelpful

2. TO WHAT EXTENT DO YOU FEEL THE PARENTING GROUP HELPED YOU TO UNDERSTAND YOUR CHILD BETTER?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

3. DO YOU FEEL THE PARENTING GROUP HELPED YOU TO UNDERSTAND YOURSELF BETTER?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

4. DO YOU FEEL THE PARENTING GROUP HELPED YOU TO UNDERSTAND YOUR FAMILY BETTER?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

5. DID YOU APPLY THE IDEAS AND/OR EXERCISES DISCUSSED IN THE GROUP WHEN PARENTING YOUR CHILD?

- ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

6. WAS THERE A CHANGE IN THE RELATIONSHIP BETWEEN YOU AND YOUR CHILD AS A RESULT OF YOU APPLYING WHAT YOU LEARNED IN THE GROUP?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

7. DID YOU FEEL SAFE AND WELCOMED IN THE GROUP TO DISCUSS YOUR EXPERIENCES AND CONCERNS AS A PARENT?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

8. WERE YOUR EXPERIENCES AS A PARENT/FOSTER PARENT RESPECTED IN THE GROUP?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

9. DO YOU FEEL MORE CONFIDENT IN YOUR ABILITY TO PARENT YOUR CHILD AS A RESULT OF ATTENDING THE GROUP?

- ☐ A great deal ☐ Somewhat ☐ Not really ☐ Not at all

10. DID THE PARENTING GROUP MEET YOUR EXPECTATIONS?

- ☐ Completely ☐ Somewhat ☐ Not really ☐ Not at all

11. HOW DOES THIS PARENT GROUP COMPARE TO OTHER PARENT SUPPORT GROUPS OR PARENTING GROUPS YOU HAVE ATTENDED IN TERMS OF WHAT YOU GOT OUT OF IT?

☐ Much better ☐ Better ☐ About the same ☐ Worse

12. WOULD YOU BE INTERESTED IN ATTENDING ANY FOLLOW-UP SESSIONS?

☐ Yes ☐ No

13. WAS THERE ANYTHING THAT MADE IT DIFFICULT FOR YOU TO ATTEND THE GROUP?

14. WHAT CHANGES WOULD YOU LIKE TO SEE IN THE GROUP?

15. HOW MANY SESSIONS DID YOU MISS? (CIRCLE ONE)

0 1 2 3 4 5 MORE THAN 5

THANK YOU!