

**EXHIBIT E
ATTACHMENT 11**

PARENT SURVEY

- Enter a check (✓) in the box next to the answer you choose
- This information is **confidential** and will not affect you receiving program services
- **This information will not be shown to the other parent or court**
- If you do not want to answer a question, skip it and go on to the next
- Thank you for taking the time to fill out this survey!

1. Compared to before you received services at this program, would you say the amount of time that you spend with your child(ren) has

- . Decreased a lot
- . Decreased a little
- . Stayed the same
- . Increased a little
- . Increased a lot
- . Don't know

2. Compared to before you received services at this program, would you say the amount of child support that you pay has...

- . Decreased a lot
- . Decreased a little
- . Stayed the same
- . Increased a little
- . Increased a lot
- . I do not pay child support
- . Don't know

3. Compared to before you received services at this program, has the relationship between you and your child(ren) improved?

- . Yes, it has improved
- . No, it has not improved

4. Compared to before you received services at this program, has your relationship with the other parent improved?

- . Yes, it has improved
- . No, it has not improved

5. Does (or did) this program provide a safe environment for you?

- . Yes
- . No
- . Don't know

FOR PROGRAM USE ONLY (Non-custodial)

Date: _____ County ID: _____ Site ID: _____ Family ID: _____

Relationship to Child: NCP mom dad

October 2004

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1. **Compared to before you started coming to this program, would you say the amount of time that your child(ren) spends with the other parent has...**

- . Decreased a lot
- . Decreased a little
- . Stayed the same
- . Increased a little
- . Increased a lot
- . Don't know

2. **Compared to before you started coming to this program, would you say the amount of child support that you receive has...**

- . Decreased a lot
- . Decreased a little
- . Stayed the same
- . Increased a little
- . Increased a lot
- . I do not receive child support
- . Don't know

3. **Compared to before you started coming to this program, has the relationship between you and your child(ren) improved?**

- . Yes, it has improved
- . No, it has not improved

4. **Compared to before you started coming to this program, has your relationship with the other parent improved?**

- . Yes, it has improved
- . No, it has not improved

5. **Does (or did) this program provide a safe environment for you?**

- . Yes
- . No
- . Don't know

FOR PROGRAM USE ONLY (Custodial)

Date: _____ County ID: _____ Site ID: _____ Family ID: _____

Relationship to Child: CP mom dad

October 2004