

# Incredible Years Parent Program Satisfaction Questionnaire Toddlers Program

(Hand out at	end of the pro	gram)				
Participant's N	Name		D	ate		
that you have obtained will	received. It is help us to evalu	important that late and contin	evaluation of the tyou answer as ually improve the strictly confide	honestly as po he program we	ossible. The in	nformation
A. The Ove	rall Progra	m				
Please circle t	he response th	at best express	es how you hoi	nestly feel at th	nis point.	
1. The bondir	ng that I feel w	ith my baby/to	ddler since I to	ok this prograr	n is	
considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
2. My baby/to	oddler's bondir	ng with me usir	ng the methods	s presented in	this program	is
considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
3. My feelings are that I a	•	py/toddler's soc	cial, emotional a	and physical d	evelopmental	progress
very dissatisfied	dissatisfied	slightly dissatisfied	neutral	slightly satisfied	satisfied	greatly satisfied
family prob	•		parenting prog our child (for ex		•	
hindered much more than helped	hindered	hindered slightly	neither helped nor hindered	helped slightly	helped	helped very much
5. My expect	ation for good	results from th	ne Incredible Ye	ars parent pro	gram is	
very pessimistic	pessimistic	slightly pessimistic	neutral	slightly optimistic	optimistic	very optimistic
6. I feel that t	he approach u	sed to enhance	my baby's/too	ldler's develop	ment in this p	rogram is
very inappropriate	inappropriate	slightly inappropriate	neutral	slightly appropriate	appropriate	greatly appropriate

7. Would you recommend the program to a friend or relative?

strongly not not recommend slightly not neutral slightly recommend strongly recommend recommend recommend

8. How confident are you in parenting at this time?

very unconfident slightly neutral slightly confident very unconfident unconfident confident confident

9. How confident are you in your ability to manage *future* behavior problems in the home using what you learned from this program?

very unconfident slightly neutral slightly confident very unconfident unconfident confident confident

10. My overall feeling about achieving my goals in this program for my child and family are

very negative slightly neutral slightly positive very negative positive positive positive

## B. Teaching Format

#### **Usefulness**

In this section, we would like you to indicate how useful each of the following types of teaching is for you *now*. Please circle the response that most clearly describes your opinion.

1. Content of information presented was

extremely useless slightly neutral somewhat useful extremely useless useful useful useful

2. Demonstration of parenting skills through the use of video vignettes was

extremely useless slightly neutral somewhat useful extremely useless useful useful useful

3. Group discussion of parenting skills was

extremely useless slightly neutral somewhat useful extremely useless useful useful useful

4. Use of practice/role play during group sessions was

extremely useless slightly neutral somewhat useful extremely useless useful useful useful

5.	I found	the	"buddy	calls"	to	be
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extremely	useless	slightly	neutral	somewhat	useful	extremely
useless		useless		useful		useful

## 6. Reading chapters from the Incredible Years book or listening to the CD was

extremely	useless	slightly	neutral	somewhat	useful	extremely
useless		useless		useful		useful

#### 7. Practicing skills at home with my child was

extremely	useless	slightly	neutral	somewhat	useful	extremely
useless		useless		useful		useful

#### 8. Weekly handouts (e.g., refrigerator notes) were

extremely	useless	slightly	neutral	somewhat	useful	extremely
useless		useless		useful		useful

## 9. Phone calls from the group leaders were

extremely	useless	slightly	neutral	somewhat	useful	extremely
useless		useless		useful		useful

## C. Specific Parenting Techniques

#### **Usefulness**

In this section, we would like you to indicate how useful each of the following techniques is in improving your interactions with your child and decreasing his or her "inappropriate" behaviors now. Please circle the response that most accurately describes the usefulness of the content or skills.

## 1. Information about infant/toddler development and developmental milestones

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
2. Providing Phys	sical, Tactile and	d Visual Stimula	ation			
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
3. Promoting Infa	ant and Toddle	r Language De	velopment			
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

# 4. Child-Directed Play

extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
5. Descriptive Co	ommenting/Soc	cial, Emotion ar	nd Academic	Coaching		
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
6. Praise and End	couragement					
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
7. Spontaneous	Rewards					
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
8. Routines, Sep	aration & Reur	nions				
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
9. Ignoring						
3 3						
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
10. Positive Disc	ipline					
	•					
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
11. Information	about baby- an	d toddler-proo	fing at home			
outropoolu	usalass	cliabth	noutral	companiest	usaful	overnom ob e
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful
12. This Overall	Group of Techr	niques				
extremely useless	useless	slightly useless	neutral	somewhat useful	useful	extremely useful

# D. Evaluation of Parent Group Leader(s)

In this section we would like you to express your opinions about your group leader(s). Please circle the response to each question that best describes how you feel.

Group Lead	er #1					
			(name)			
1. I feel that	the group lead	er's teaching v	vas			
very poor	poor	below average	average	above average	superior	excellent
2. The grou	p leader's prepa	ration was				
very poor	poor	below average	average	above average	superior	excellent
3. Concernii	ng the group lea	der's interest	and concern in m	e and my chi	ld, I was	
very dissatisfied	dissatisfied	slightly dissatisfied	average	slightly satisfied	satisfied	extremely satisfied
4. At this po	oint, I feel that th	ne group leade	er in the program	was		
extremely unhelpful	unhelpful	slightly unhelpful	neutral	slightly helpful	helpful	extremely helpful
5. Concerni	ng my personal	feelings towa	d the group lead	er, I		
dislike him/her very much	dislike him/her	dislike him/her slightly	have a neutral attitude toward him/her	like him/her slightly	like him/her	like him/her very much
If more than	n one group lead only one leader		red in your progra )	am, please fill	in the follow	ing. (Go to
Group Lead	er #2					
			(name)			
1. I feel that	the group lead	er's teaching v	vas			
very poor 2. The arou	poor p leader's prepa	below average aration was	average	above average	superior	excellent
g	F 1000000					
very poor	poor	below average	average	above average	superior	excellent
3. Concernii	ng the group lea	der's interest	and concern in m	e and my chi	ld, I was	
very dissatisfied	dissatisfied	slightly dissatisfied	average	slightly satisfied	satisfied	extremely satisfied
4. At this po	oint, I feel that th	ne group leade	er in the program	was		
extremely unhelpful	unhelpful	slightly unhelpful	neutral	slightly helpful	helpful	extremely helpful

5. Concerning my personal feelings toward the group leader, I

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

# E. Overall Program Evaluation

1. What part of the program was most helpful to you?

2. What did you like most about the program?

3. What did you like least about the program?

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