

# SNAP® BOYS PARENT GROUP CLIENT SATISFACTION QUESTIONNAIRE

DATE: \_\_\_\_\_

Child Development Institute is interested in receiving your feedback about the Parent Groups you attended. To help us make the groups most useful for parents in the future, please complete this confidential evaluation.

1. In general, how satisfied were you with the Parent Group?  
*Please circle one.*

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
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2. For this group, what was your goal? \_\_\_\_\_

3. Do you believe you achieved your goal?  
*Please circle one.*

Strongly Agree	Agree	Disagree	Strongly Disagree
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### Has participation in the group....

4. Led to a better understanding of your child's problems?  
*Please circle one.*

Yes	Somewhat	No
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5. Led to a better understanding of your child's strengths?  
*Please circle one.*

Yes	Somewhat	No
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6. Made you feel more confident as a parent?  
*Please circle one.*

Yes	Somewhat	No
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7. Improved your relationship with your child?  
*Please circle one.*

Yes	Somewhat	No
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8. Which skills or topics were most helpful to you?  
*Please check (✓) 5 from the list below.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tracking/Monitoring              | <input type="checkbox"/> Charting & Rewarding  | <input type="checkbox"/> Dealing with Bullying             |
| <input type="checkbox"/> Listening & Effective Directions | <input type="checkbox"/> Home/School Relations | <input type="checkbox"/> Effective Consequences (Time Out) |
| <input type="checkbox"/> Encouraging                      | <input type="checkbox"/> SNAP                  |  |
| <input type="checkbox"/> Stopping Stealing                | <input type="checkbox"/> Problem-Solving       |  |

9. Which parts of the group were most helpful to you?  
*Please check (✓) 3 from the list below.*

- |  |  |
|--|--|
| <input type="checkbox"/> Stretch & Relaxation        | <input type="checkbox"/> Home work                     |
| <input type="checkbox"/> Discussion of new skill     | <input type="checkbox"/> Role-playing                  |
| <input type="checkbox"/> Joint parent/child session  | <input type="checkbox"/> Review of child's group topic |
| <input type="checkbox"/> Review of parents' homework |  |

10. What did you like most about the Parent Group? \_\_\_\_\_

11. What did you like least about the Parent Group? \_\_\_\_\_

12. What suggestions do you have about improving the group? \_\_\_\_\_

Please feel free to continue your comments on the back of this page.

*Thank you for your feedback!*

