

Illinois State Board of Education
0-3 Prevention Initiative Parent Questionnaire

INSTRUCTIONS to Parent/Caregiver: Based on your experience over the past year with the program, please rate how strongly you agree or disagree with each of the following statements by encircling the number in the appropriate box.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel good about myself as a parent	1	2	3	4
2. I understand how my child grows	1	2	3	4
3. I know about how to help my child stay healthy	1	2	3	4
4. I take my child to the doctor regularly	1	2	3	4
5. I know how to get my child interested in appropriate play activities	1	2	3	4
6. I am able to respond appropriately to my child even when I am upset	1	2	3	4
7. I am able to keep my child safe	1	2	3	4
8. I encourage my child to move around, explore and play	1	2	3	4
9. I am able to parent even though it can be challenging	1	2	3	4
10. I am able to set appropriate limits for my child	1	2	3	4
11. I know how to show my child love, physical closeness and positive feelings	1	2	3	4
12. I know different ways to respond to my child's needs, emotions and behaviors	1	2	3	4
13. I do activities that promotes brain development (sing, nursery rhymes, toys)	1	2	3	4
14. I know how to get support for me and my child	1	2	3	4
15. I know how to find community resources for me and my child	1	2	3	4
16. Participation in this program has helped me become a better parent	1	2	3	4
Comments:				