



Parent Café Participant Feedback

Host Agency: _____

Date: _____

Your feedback makes our programs stronger. Please answer all questions you feel comfortable answering. The information you share will be used only to help us improve our programs and ensure we have the resources needed to support Parent Cafés.

Please tell us about your Parent Café experience today.	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I felt safe sharing with other participants in the Café.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I learned something through somebody else's story/experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This experience helped me reflect on my strengths and challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I learned a new way to handle stress or challenges in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I met a person (or people) I plan to stay in touch with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I learned that I can use the Protective Factors to keep my family strong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I learned something that will help me deal positively with a challenge I'm currently having with my child or a child in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. As a result of my Café experience, I feel more comfortable going to a professional or seeking community resources for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I practiced ways to talk with others that will improve my relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. As a result of my Café experience, I want to get more involved with the host agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I see myself being able and willing to be part of a Parent Café team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How many Cafés have you attended? <input type="radio"/> This is my first Parent Café <input type="radio"/> 2-5 <input type="radio"/> 6-10 <input type="radio"/> 10+				
13. As a result of your Café experience(s), what changes have you made for yourself, your children, and/or your family? <i>Continue on back</i> ▶				
14. What else do you want to tell us about your experience today? <i>Continue on back</i> ▶				

Please take a moment to tell us about you and your family.

Are you a parent? Yes No

If yes, do you identify as any of the following as well? (Check all that apply).

Foster Parent Adoptive Parent Grandparent Raising Grandchild(ren) Teen/Youth Parent (age 13-21) with a child(ren)

Parent of a child with special needs Parent of an LGBTQ child LGBTQ Parent Other _____

If yes, what ages are your children? (check all that apply): 0-4 5-12 13-17 18+

What is your gender? Male Female Non-binary Gender not listed Other _____

What is your age? 19 or younger 20-21 22-30 31-54 55 or older

What is your race / ethnicity? Caucasian/White African American/Black Hispanic/Latino Asian/Pacific islander

Native American/Alaska Native Multiracial Other _____

What languages would you like to see Café materials in? _____