



"People's lives enriched through literacy."

0 - 60 Months Before and After Questionnaire

Name of Program

Rhythm and Rhyme Toddler Time

Other: _____

Today's Date: _____ Location of Program: _____

Parent/Caregiver Name: _____ Age: _____

Child's Name: _____ M/F: _____ Age: _____ Birth date: _____

Other Children in Program

Child's Name: _____ M/F _____ Age: _____ Birth date: _____

Other Siblings

First Name: _____ Age: _____ First Name: _____ Age: _____

Contact Information

Home Phone: _____ Other Contact Number: _____

Email: _____ Street Address: _____

Town: _____ Postal Code: _____

1. Do you live within a town's boundaries or rural? Please check one of the following:

- MD of Foothills (rural) Town of High River Town of Okotoks
 Town of Black Diamond Town of Turner Valley Village of Longview

2. Do you identify as: First Nations Métis Inuit N/A

3. Have you participated in this program before? Yes No If you have participated in the last 6 months fill out evaluation on page 4. If this is your first time or it has been longer than 6 months fill out page 2,3, and comments on page 4.

4. Do you identify as coming from another culture or language group? Yes No

5. What is your first language spoken in the home? _____

6. Would you like to know more about our Building Blocks in-home program?

Yes No

Please initial the box below to express permission as indicated.

I agree to release the use of any photos that might contain myself or my children for future use in promotional and/or information activities as deemed appropriate by Literacy for Life Foundation.

Please add my name to the contact list. We use our list to keep you informed about our organization and about upcoming events and special activities that Literacy for Life Foundation is involved in. (This list will not be sold or used for any other purpose.)

Before Questionnaire 0 - 60 Months

Please fill out the following 9 questions. At the end of the program we will ask you to fill them out again. This information from parents gives us feedback on whether we are meeting the program goals. We use the information to make our programs better as well as to answer questions from our funders. Room for comments are on the back.

1. Do you have a library card? Yes No

2. How often do you visit the library?

Daily Visit Weekly Visit Monthly Visit Yearly Visit

3. Do you use songs, rhymes, and stories as a way to calm yourself and your child(ren)?

Seldom or never Occasionally Frequently

4. Rate your level of confidence in helping your child(ren) with literacy development.

| | | | | |
|---------------|---|--------------------|---|----------------|
| Not confident | ↔ | Somewhat confident | ↔ | Very confident |
| 1 | 2 | 3 | 4 | 5 |

5. Rate the level of frustration you have when you are trying to teach your child(ren).

| | | | | |
|-------------|---|-----------|---|--------|
| None at all | ↔ | Sometimes | ↔ | Always |
| 1 | 2 | 3 | 4 | 5 |

6. Are you aware of the nine essential skills?

No Yes Unsure

7. Do you have ideas about how to teach the nine essential skills to your child(ren)?

No Yes Unsure

8. I make learning activities in the home fun and interesting.

| | | | | |
|-----------------|---|-----------|---|--------|
| Seldom or never | ↔ | Sometimes | ↔ | Always |
| 1 | 2 | 3 | 4 | 5 |

9. I make an effort to model reading and writing in everyday life to my child(ren).

| | | | | |
|-----------------|---|-----------|---|--------|
| Seldom or never | ↔ | Sometimes | ↔ | Always |
| 1 | 2 | 3 | 4 | 5 |

After Questionnaire 0 - 60 Months

Please fill out the following 9 questions. At the end of the program we will ask you to fill them out again. This information from parents gives us feedback on whether we are meeting the program goals. We use the information to make our programs better as well as to answer questions from our funders. Room for comments are on the back.

1. Do you have a library card? Yes No

2. How often do you visit the library?

Daily Visit Weekly Visit Monthly Visit Yearly Visit

3. Do you use songs, rhymes, and stories as a way to calm yourself and your child(ren)?

Seldom or never Occasionally Frequently

4. Rate your level of confidence in helping your child(ren) with literacy development.

| | | | | |
|---------------|---|--------------------|---|----------------|
| Not confident | ↔ | Somewhat confident | ↔ | Very confident |
| 1 | 2 | 3 | 4 | 5 |

5. Rate the level of frustration you have when you are trying to teach your child(ren).

| | | | | |
|-------------|---|-----------|---|--------|
| None at all | ↔ | Sometimes | ↔ | Always |
| 1 | 2 | 3 | 4 | 5 |

6. Are you aware of the nine essential skills?

No Yes Unsure

7. Do you have ideas about how to teach the nine essential skills to your child(ren)?

No Yes Unsure

8. I make learning activities in the home fun and interesting.

| | | | | |
|-----------------|---|-----------|---|--------|
| Seldom or never | ↔ | Sometimes | ↔ | Always |
| 1 | 2 | 3 | 4 | 5 |

9. I make an effort to model reading and writing in everyday life to my child(ren).

| | | | | |
|-----------------|---|-----------|---|--------|
| Seldom or never | ↔ | Sometimes | ↔ | Always |
| 1 | 2 | 3 | 4 | 5 |

Please share on comments on top of page 4.

First Time Registrants or if it has been longer than 6 months: Comments: (any comments you provide help us know if we are doing a good job and what we can do differently).

Please fill out if you have been enrolled in this program in the past six (6) months.

| Before | After |
|--|--|
| <p>1. I came back: Check all that apply</p> <p>A) To learn more rhymes and songs <input type="checkbox"/></p> <p>B) For the social opportunities for myself <input type="checkbox"/></p> <p>C) For the quality social time for my child <input type="checkbox"/></p> <p>D) To learn ways to calm /soothe my child <input type="checkbox"/></p> <p>E) To learn more about essential skills <input type="checkbox"/></p> <p>F) To learn ways to help my child with their development <input type="checkbox"/></p> | <p>1. In the program: Check all that apply</p> <p>A) I learned more rhymes and songs <input type="checkbox"/></p> <p>B) I found social opportunities for myself <input type="checkbox"/></p> <p>C) My child had quality social time <input type="checkbox"/></p> <p>D) I learned ways to calm /soothe my child <input type="checkbox"/></p> <p>E) I learned more about essential skills <input type="checkbox"/></p> <p>F) I learned ways to help my child with their development. <input type="checkbox"/></p> <p>2) I know more about parenting from sharing experiences with others? (facilitator and/or other parents) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3) I am aware of other literacy programs and services available to myself and my family? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

4) Please share your comments: Strengths of program/suggestions for change.
