



FAMILIES CONNECT

Parent **PRE** questionnaire – Standard Sites

This box to be completed by staff member in charge of programme			
School name:		School postcode:	
Term and year Families Connect will run:		Child's Unique Ref Code:	

Thank you for completing this questionnaire.

You do not have to answer any question that you do not want to.

- Getting your views is really important and will help us to understand if Families Connect makes a difference to the families who take part.
- Everything you say will remain anonymous (unless there is a risk to you or your child's safety).
Please do not include your name or any info that identifies you or your child.
- We will use your feedback so that we can understand your experience and also so that we can tell others about the quality of Families Connect (such as other schools and potential funders).
- In this questionnaire the phrase “my child” or “your child” refers to the child who is taking part in Families Connect with you (regardless of whether they are your biological child or whether you have other children). Please answer any of these questions just about this child, unless asked about any other children.
- By filling out a questionnaire you give Save the Children and our partners consent to analyse and use the data it contains.
- If you would like us not to use the data from your questionnaire you can just email us to let us know, by contacting FamiliesConnectInfo@SaveTheChildren.org.uk. You can also take part in the programme without filling out any questionnaires if that is what you would prefer.

Seal With Privacy Sticker Here

(You do not have to answer any question you do not want to)

1. About you:

How would you describe your gender?	<input type="checkbox"/> Woman	<input type="checkbox"/> Man	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other: _____
Do you identify as trans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know / not sure	
Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know / not sure	
What is your relationship to the child taking part in Families Connect?	<input type="checkbox"/> Biological/birth parent <input type="checkbox"/> Foster parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Aunt / Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Step mum / Stepdad <input type="checkbox"/> Other: _____			

	Me	Child	
What is you and your child's ethnic group?			White
	<input type="checkbox"/>	<input type="checkbox"/>	British / English / Northern Irish / Scottish / Welsh
	<input type="checkbox"/>	<input type="checkbox"/>	Irish
	<input type="checkbox"/>	<input type="checkbox"/>	Gypsy or Irish Traveller
	<input type="checkbox"/>	<input type="checkbox"/>	Any other white background
			Mixed / Multiple ethnic groups
	<input type="checkbox"/>	<input type="checkbox"/>	White and Black Caribbean
	<input type="checkbox"/>	<input type="checkbox"/>	White and Black African
	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian
	<input type="checkbox"/>	<input type="checkbox"/>	Any other Mixed/Multiple ethnic background
			Black / African / Caribbean / Black British
	<input type="checkbox"/>	<input type="checkbox"/>	African
	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	<input type="checkbox"/>	Any other Black / African / Caribbean background
			Asian / Asian British
	<input type="checkbox"/>	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	<input type="checkbox"/>	Any other Asian background
			Other ethnic group
	<input type="checkbox"/>	<input type="checkbox"/>	Arab
	<input type="checkbox"/>	<input type="checkbox"/>	Any other ethnic group, please describe: _____

(You do not have to answer any question you do not want to)

Do you agree with these statements?

2. Being a parent:

	Disagree very strongly	Disagree	Disagree a little	Agree a little	Agree	Agree very strongly
I know how to help my child do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know if I'm getting through to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know how to help my child get good grades in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel successful about my efforts to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children have more influence on my child's grades than I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know how to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make a significant difference in my child's school performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. My child and me at home

	Never	Rarely	Sometimes	Often	Every day
I play with my child using toys, games or puzzles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen to my child read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I read to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child plays 'make believe' or pretend games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child paints/draws/makes models.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child enjoys dance, music and movement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire.

We hope you and your child enjoy Families Connect!