

This questionnaire is for parents with a child in Kindergarten. Questions include information on your personal background, the programs/services you and your family have attended, and what you think of the Toronto First Duty Project (early childhood and parenting programs based at your school). Any information you provide will be treated confidentially.

<p><b>1. What neighborhood do you live in?</b></p> <p>My street address _____ Postal Code _____</p>		
<p><b>2. Your gender?</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>		
<p><b>3. Your marital status?</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Common law</p> <p><input type="checkbox"/> Widow</p>		
<p><b>4. Your kindergarten child?</b></p> <p><input type="checkbox"/> Boy</p> <p><input type="checkbox"/> Girl</p>	<p><input type="checkbox"/> First-born</p> <p><input type="checkbox"/> Later-born</p>	<p>Birth date: _____</p> <p>(date/month/year)</p>
<p><b>5. Your languages?</b></p> <p>1<sup>st</sup> language _____</p> <p>2<sup>nd</sup> language _____</p> <p>at home we speak _____</p>		
<p><b>6. Your country of birth?</b></p> <p><input type="checkbox"/> Canada</p> <p><input type="checkbox"/> Other country _____</p> <p>Number of years in Canada? _____</p>		
<p><b>7. Your cultural, racial, religious or ethnic origin?</b></p> <p>(describe however you see yourself, in a way that you feel comfortable) _____</p>		
<p><b>8. What is the highest level of education you have completed?</b></p> <p><input type="checkbox"/> Have not completed formal schooling</p> <p><input type="checkbox"/> Completed elementary school</p> <p><input type="checkbox"/> Completed junior/middle school</p> <p><input type="checkbox"/> Completed secondary/high school</p> <p><input type="checkbox"/> Completed community college or technical college (e.g. CEGEP, Nurses' training)</p> <p><input type="checkbox"/> Completed undergraduate university degree</p> <p><input type="checkbox"/> Completed graduate/advanced university degree</p>		
<p><b>9. What is your current employment status?</b></p> <p><input type="checkbox"/> Full time (30 hours or more per week)</p> <p><input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Parental leave</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Stay at home parent</p> <p><input type="checkbox"/> Student</p>		
<p><b>10. Who lives in your home?</b></p> <p><input type="checkbox"/> Couple with child/ren</p> <p><input type="checkbox"/> Single parent family (father head)</p> <p><input type="checkbox"/> Single parent family (mother head)</p> <p><input type="checkbox"/> Extended family (parents, child/ren &amp; other relatives)</p> <p><input type="checkbox"/> Grandparents (with child/ren)</p>		

11. Which programs/services have you or your child used?	11b. How much have you used these programs in the <u>last</u> month?	11c. Check the <u>five</u> most important programs for you and your family.
✓ <i>Check the programs you have used.</i>	<i>Fill in the time spent per week in the programs you have used in the past month.</i>	✓ <i>Check the 5 most important programs.</i>
<input type="checkbox"/> full time (e.g. childcare)	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Homebased care (full/part time childcare, babysitting in/away from home)	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> part time nursery, preschool program, after school program	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Kindergarten	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Parent relief/occasional childcare	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Parenting classes/workshops	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Drop-in/Parenting programs	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Pre/Post-natal program	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Information and referrals	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Community events for families	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Resource library (books/toys/equipment)	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Health and nutrition/wellness information programs	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Child and/or family counselling	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Speech and language services	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Home visits	Time/week: _____	<input type="checkbox"/>
<input type="checkbox"/> Other - <i>Please list:</i> _____	Time/week: _____	<input type="checkbox"/>

**What do you think about programs and services in your community?  
Please indicate how much you agree or disagree with each statement.**

<p>12. I know all the programs/services in my community.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>13. My child has benefited from the programs/services for children and families.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>14. I am happy with the quality of the programs/ services for children and families in my community.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>15. When programs and services work together, they are better and easier to find out about.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>16. As a parent, I enjoy the programs/services.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>17. My opinion is valued and teachers/staff ask my opinion about programs/services.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>18. I have not been able to use many of the programs and services for children and families.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>19. I do not feel like I am part of this community.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>20. Staff and Teachers tell me about programs/services that are available.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>21. My child enjoys the programs/services.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>

**Only complete this part if you have participated in Toronto First Duty Project.**

<p>22. Toronto First Duty helps my child get ready for school <u>socially</u>.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>23. Toronto First Duty helps my child get ready for school <u>academically</u>.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>24. I am more involved in <u>my child's learning</u> because of Toronto First Duty.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>25. I am more involved <u>at the school</u> because of Toronto First Duty.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>26. I would like to see Toronto First Duty continue at my child/rens school.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>27. Other people in my community know about Toronto First Duty.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p>28. Toronto First Duty has given me extra support in raising my family.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p>29. I support the idea of offering integrated services for children and families through the school.</p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Do not agree</p> <p><input type="checkbox"/> Strongly disagree</p>