

PARENT SURVEY SUMMARY

Mother's Name: _____

Father's Name: _____

Age or DOB: _____

Age or DOB: _____

Baby's Name: _____

Baby's EDD or DOB: _____

Parent Survey Visitor: _____

Survey Date: _____

Introduction *(including who was present during the survey, where the visit took place, etc.)*

1. **PARENT'S CHILDHOOD HISTORY** *(Discipline, nurturer, domestic violence in the home, alcohol or substance abuse in the home, running away, sexual abuse)*

MOM: _____

DAD: _____

2. LIFESTYLE BEHAVIOR AND MENTAL HEALTH: (*Drugs, Alcohol, Mental Health, Criminal History*)

a. Substance/Alcohol Use – *Remember to Quantify*

b. Mental Health

c. Criminal History

MOM: _____ **DAD:** _____

3. PARENTING EXPERIENCE (*Experience with CPS in parenting/ caretaking role, such as babysitter, stepparent, etc., and any prior experience with children in general*)

MOM: _____ **DAD:** _____

4. COPING SKILLS AND SUPPORT SYSTEM *(Prenatal care, education, employment, transportation, phone access, lifelines, depression/sadness, coping strategies)*

MOM: _____ **DAD:** _____

5. CURRENT STRESSES *(Relationship, Housing, Finances, Other)*

Relationship between baby's parents:

Housing and Moves:

Finances and Job Changes:

Other Stresses:

MOM: _____ **DAD:** _____

6. ANGER MANAGEMENT SKILLS *(with partner and with others)*

With other parent/partner _____

With others _____

MOM: _____ **DAD:** _____

7. EXPECTATION OF INFANTS DEVELOPMENTAL MILESTONES AND BEHAVIOR: *(walking, toilet training, crying scenario, spoiling)*

Walking and when to worry

Toilet training begins and when to worry

Crying *(how long before responding, what would they try, what they would do if they've tried everything and baby still won't stop crying)*

Spoiling baby (*including can you spoil a baby under 12 months*)

MOM: _____ **DAD:** _____

8. PLANS FOR DISCIPLINE (*use of implements; if hitting, when they would start*). **Use at least 2 scenarios.**

Infant (*for example, baby under 1 year throwing food from high chair or crawling toward moveable object*)

Toddler (*for example, baby around 15-18 months old pushing buttons on TV*)

Child (*for example, child age 2-3 years refusing to do what parents ask, running toward a busy street*)

MOM: _____ **DAD:** _____

9. PERCEPTION OF NEW INFANT (*baby's personality or temperament*)

MOM: _____ **DAD:** _____

10. BONDING AND ATTACHMENT *(how they felt at first, how they feel now, married, impact on life)*

MOM: _____ **DAD:** _____

TOTAL SCORES: MOM: _____ **DAD:** _____

PARENT/FAMILY STRENGTHS AND PROTECTIVE FACTORS:

RESOURCES CURRENTLY USING AND/OR ANY REFERRALS CURRENTLY NEEDED:

DISCLAIMER

Any information included herein, including but not limited to the Parent Survey assessment Tool, is intended only to assist the parenting support program which obtained it, in offering family members the community services and program interventions that will best support the growth of their parenting and life skills. The information included in this presentation does not necessarily represent the views or opinions of the company (agency recording it), and may be reflective of the memories and perceptions of the individual(s) interviewed, and in some instances, may not be factual (or reflective of their actual life experiences, or those of other family members). Neither Great Kids, Inc. nor the company obtaining/recording the information in this presentation accept liability for the consequences of any actions taken in reliance on this assessment tool by other organizations obtaining access to this document.