



POST-PROGRAM PARENT QUESTIONNAIRE

This questionnaire is also available online: <https://www.surveymonkey.com/r/G3Y95XV>

The person who completed the Countdown to Kindergarten pre-program questionnaire should also complete this one. One adult per child needs to complete this questionnaire after the Countdown to Kindergarten visits are finished.

The first two questions will help us link your questionnaire answers to other information you provided on other Countdown forms. All information is confidential and kept in a locked, password-protected file.



1. What is the LAST NAME of the first ADULT who signed the data consent form of the Countdown to Kindergarten program?

2. What is the FIRST NAME of the first ADULT who signed the data consent form of the Countdown to Kindergarten program?

3. In which South Carolina COUNTY will your child attend kindergarten?

4. At what SCHOOL will your child attend kindergarten? (Example: Clearwater Elementary School)

5. How well does your child do in early reading skills? Please circle one number below:

<i>Not well at all</i>	<i>Not very well</i>	<i>Somewhat well</i>	<i>Very well</i>	<i>Extremely well</i>
1	2	3	4	5

6. How well does your child do with math and numbers? Please circle one number below:

<i>Not well at all</i>	<i>Not very well</i>	<i>Somewhat well</i>	<i>Very well</i>	<i>Extremely well</i>
1	2	3	4	5

7. How difficult is early reading for your child? Please circle one number below:

<i>Not difficult at all</i>	<i>Not very difficult</i>	<i>Somewhat difficult</i>	<i>Very difficult</i>	<i>Extremely difficult</i>
1	2	3	4	5

8. How difficult are math and numbers for your child? Please circle one number below:

<i>Not difficult at all</i>	<i>Not very difficult</i>	<i>Somewhat difficult</i>	<i>Very difficult</i>	<i>Extremely difficult</i>
1	2	3	4	5

9. How much natural talent do you feel your child has in reading? Please circle one number below:

<i>None</i>	<i>Little</i>	<i>Some</i>	<i>A good bit</i>	<i>A great deal</i>
1	2	3	4	5

10. How much natural talent do you feel your child has in math? Please circle one number below:

<i>None</i>	<i>Little</i>	<i>Some</i>	<i>A good bit</i>	<i>A great deal</i>
1	2	3	4	5

11. How would you describe your current knowledge of kindergarten expectations at your child's school?

- I know VERY LITTLE about what will be expected of me and my child for kindergarten
- I know SOME of what will be expected of me and my child for kindergarten
- I have a GOOD UNDERSTANDING of what will be expected of me and my child for kindergarten

12. How would you describe your child's feelings about beginning kindergarten?

- He/she is NERVOUS and/or does not want to begin kindergarten
- He/she has NOT DISCUSSED beginning kindergarten
- He/she is SOMEWHAT EXCITED, but A LITTLE ANXIOUS about beginning kindergarten
- He/she is VERY EXCITED about beginning kindergarten

13. How would you describe YOUR relationship with your child's future kindergarten teacher?

- I DO NOT KNOW my child's kindergarten teacher
- I KNOW A LITTLE about my child's kindergarten teacher
- I KNOW my child's kindergarten teacher but DO NOT LIKE OR TRUST him/her
- I KNOW my child's kindergarten teacher and LIKE AND TRUST him/her

14. How would you describe YOUR CHILD'S relationship with his/her future kindergarten teacher?

- My child DOES NOT KNOW his/her kindergarten teacher
- My child KNOWS A LITTLE about his/her kindergarten teacher
- My child KNOWS his/her kindergarten teacher but DOES NOT LIKE OR TRUST him/her
- My child KNOWS his/her kindergarten teacher and LIKES AND TRUSTS him/her

15. Which of the following activities do you plan to be involved in at your child's school? Please check all that apply:

- Keeping in touch with the teacher
- Parent-teacher conferences
- Parent Teacher Organization (PTO) meetings
- Volunteering in the classroom
- Volunteering for field trips
- None
- Other (please specify): _____

16. How likely is it that you would recommend the Countdown program to a friend or family member?

- | | | |
|---|----------------------------|--|
| <input type="checkbox"/> 0 – not at all | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 – extremely likely |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | |

17. What is the Countdown to Kindergarten program good at?

18. What could the Countdown to Kindergarten program do better?

19. Overall, how well has the Countdown program met your needs?

- Not well at all
- A little bit
- Fairly well
- Very well
- Extremely well

20. How often did your Countdown teacher treat you with respect?

- Always
- Usually
- Sometimes
- Rarely
- Never

21. Overall, how satisfied were YOU with the following? Please put a check mark by your answer:

a. your Countdown to Kindergarten home visitor

- very dissatisfied
- somewhat dissatisfied
- neither satisfied nor dissatisfied
- somewhat satisfied
- very satisfied

b. the materials provided

- very dissatisfied
- somewhat dissatisfied
- neither satisfied nor dissatisfied
- somewhat satisfied
- very satisfied

c. the curriculum (what was taught)

- very dissatisfied

- somewhat dissatisfied
- neither satisfied nor dissatisfied
- somewhat satisfied
- very satisfied

22. Overall, how satisfied was YOUR CHILD with the following? Please put a check mark by your answer:

a. your Countdown to Kindergarten home visitor

- very dissatisfied
- somewhat dissatisfied
- neither satisfied nor dissatisfied
- somewhat satisfied
- very satisfied

b. the materials provided

- very dissatisfied
- somewhat dissatisfied
- neither satisfied nor dissatisfied
- somewhat satisfied
- very satisfied

c. the curriculum (what was taught)

- very dissatisfied
- somewhat dissatisfied
- neither satisfied nor dissatisfied
- somewhat satisfied
- very satisfied

23. If you are willing to be contacted by phone or email for a few more short questions about your experiences with the program, please write your phone number and email address here.

Phone Number

Email Address

Thank you very much! Your feedback is important to us.