Toronto First Duty Project

This questionnaire is for parents with<br/>background, the programs/services you and your family<br/>First Duty Project (early childhood<br/>provide will be treated confidentialla child in Kindergarten.<br/>A questions in<br/>Questions in<br/>clude information on your personal<br/>have attended, and what you think of the Toronto<br/>and parenting programs based at yo ur school). Any information you<br/>you

| Μv    | street ad  | dress                       |      | Postal Code             |            |                        |
|-------|--|-----------------------------|------|-------------------------|------------|------------------------|
|       |  |                             |      |                         |            |                        |
|       | -  | Male                        |      |                         |            |                        |
|       | ‰  | Female                      |      |                         |            |                        |
| 3.    | Your ma  | arital status?              |      |                         |            |                        |
|       | ‰  | Married                     |      |                         |            |                        |
|       | ‰  | Single                      |      |                         |            |                        |
|       | ‰  | Divorced                    |      |                         |            |                        |
|       | ‰  | Common law                  |      |                         |            |                        |
|       | ‰  | Widow                       |      |                         |            |                        |
| 4.    | Your kir   | ndergarten child?           |      |                         |            |                        |
|       | ‰  | Boy                         | ‰    | First-born              |            | Birth date:            |
|       | ‰  | Girl                        | ‰    | Later-born              |            | (date/month/year)      |
| 5.    |  | nguages?                    |      |                         |            |                        |
|       |  | language                    |      |                         |            |                        |
|       |  | language                    |      |                         |            |                        |
|       |  | nome we speak               |      |                         |            |                        |
| 6.    |  | untry of birth?             |      |                         |            |                        |
|       |  | Canada                      |      |                         |            |                        |
|       |  | Other country               |      |                         |            |                        |
|       |  | mber of years in Canad      |      |                         |            |                        |
| 7.    |  | Itural, racial, religious o |      | •                       |            |                        |
| descr | ibe howe   | ver you see yourself, in    | a wa | y that you feel comfort | table)     |                        |
| •     |  |                             |      |                         |            |                        |
| 8.    |  | the highest level of edu    |      |                         | ?          |                        |
|       |  | Have not completed for      |      | -                       |            |                        |
|       |  | Completed elementary        |      |                         |            |                        |
|       | % Completed junior/middle school   |                             |      |                         |            |                        |
|       | <ul> <li>Completed secondary/high school</li> <li>Completed community college or technical college (e.g. CEGEP, Nurses' training)</li> </ul> |                             |      |                         |            |                        |
|       | ‱<br>%   |                             |      | ge of technical colle   | ye (e.y. ( | JEGET, NUISES TRAINING |

10. Who lives in your home?

- ‰ Couple with child/ren
- ‰ Single parent family (father head)
- ‰ Single parent family (mother head)
- ‰ Extended family (parents, ch ild/ren & other relatives)
- ‰ Grandparents (with child/ren)

| <ul> <li>11. Which programs/services have you or your child used?</li> <li>9 <i>Check the programs you have used.</i></li> </ul> | 11b. How much have<br>you used these<br>programs in the last<br>month?Fill in the time spent<br>per week in the<br>programs you have<br>used in the past | 11c. Check the fiv <u>e</u><br>most important<br>programs for you<br>and your family.<br>9 <i>Check the 5</i><br><i>most important</i><br><i>programs.</i> |
|--|--|--|
|  | month.   |  |
| %ofull time (e.g. childcare)   | Time/week:   | %  |
| WoHomebased care (full/part time<br>childcare, babysitting in/away from<br>home)   | Time/week:   | %  |
| opart time nursery, preschool program, after school program  | Time/week:   | %  |
| ‰Kindergarten  | Time/week:   | ‰  |
| %Parent relief/occasional childcare  | Time/week:   | %  |
| %Parenting classes/workshops   | Time/week:   | %  |
| ‰Drop-in/Parenting programs  | Time/week:   | ‰  |
| ‰Pre/Post-natal program  | Time/week:   | ‰  |
| %Information and referrals   | Time/week:   | %  |
| ‰Community events for families   | Time/week:   | ‰  |
| %oResource library (books/toys/equipment)  | Time/week:   | %  |
| %oHealth and nutrition/wellness<br>information programs  | Time/week:   | %  |
| %Child and/or family counselling   | Time/week:   | %  |
| %Speech and language services  | Time/week:   | ‰  |
| ‰Home visits   | Time/week:   | %  |
| %oOther - <i>Please list:</i>  | Time/week:   | ‰  |

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

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

Only complete this part if you have part

## icipated in Toronto First Duty Project.

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