

## FATHERHOOD MENTORSHIP PROGRAM - GROUPS

Please select the response that best describes your experience with the Fatherhood Program using the scale on the right of each statement. When shading in the circles be careful to completely fill in the circle. Like this lacktriangle not  $\lacktriangle$  or  $\lacktriangle$  or

Please insert your completed survey and seal in the envelope provided so that only the Children's Services Council (CSC) staff will see your answers.

	Please rate the following items:					
		Very useful	Useful	Neutral	Useless	Very Useless
1	How useful was the content of the information presented throughout the program?	0	0	0	0	0
		Very Confident	Confident	Neutral	Not Confident	Very Unconfident
2	How confident are you in your ability to use what you learned in this program?	0	0	0	0	0
		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
3	How satisfied are you with the program's staff's interest and concern in you and your goals?	0	0	0	0	0
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4	Do you feel you and your family were treated with respect?	0	0	0	0	0
		Definitely	Mostly	Neutral	Not Much	Not At All
5	Would you recommend the program to others if they needed it?	0	0	0	0	0
		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
6	Overall, how satisfied are you with the program services?	0	0	0	0	0
7	What aspects of the program did you find the most use	eful?				
8	How could the program have been improved to help	you more?				
9	Additional Comments					