

NAME: _____
(Print: first name & last name)

New Mexico

K-6 Parent Instrument

Version 2009

version: K6PAR

ID# - -
Site ID Grp Participant ID

Date of administration:
Month Day Year

Language of administration: 1 English
(Circle appropriate number) 2 Spanish
3 Other, Specify _____

Location of administration: 1 School
2 Home
3 Program/evaluation office
4 Other, Specify _____

Type of administration: 1 Individual
2 Group

Instrument Version: 1 Baseline
2 Posttest
3 Follow-up

Person completing Instrument 1 Parent/Guardian
2 Foster Parents
3 Grandparents
4 Other, Specify _____

Important note: If this is a Posttest or Follow-up, be sure to include the exact same ID# as in the Baseline Instrument, then skip to page #4, question #1.

ID # - -

Instructions:

This Instrument asks questions about you, your thoughts and feelings about this child's behavior at home and school. We greatly value your input and by completing this survey you will be helping us to learn more about how to prevent the use of drugs and alcohol by youth.

For each item check the box that best fits with how you feel about the question. Remember this is not a test and there are NO right or wrong answers. Simply respond as truthfully as you can. Answering questions is voluntary. You do not have to answer questions that make you feel uncomfortable.

Please answer the following questions thinking about your child who is receiving services here.

You responses are also confidential. They will be kept private.

TELL US ABOUT THIS CHILD

SECTION A-1:

1. Is the child male or female? Male Female
2. What is the child's age? _____ years old
3. Was the child born in the United States? Yes No

4. How would you best describe the child? (Circle all that apply.)

- a White / Anglo Saxon
- b Black or African American (non Hispanic)
- c Asian / Asian American
- d American Indian or Alaskan Native
- e Pueblo (specify tribe: _____)
- f Navajo
- g Apache (specify tribe: _____)
- h Other Indian: (specify: _____)
- i Hispanic
- j Mexican/Mexican American/Chicano
- k Spanish
- l Central American (specify country: _____)
- m South American (specify country: _____)
- n Puerto Rican
- o Cuban
- p Other: specify _____

5. What is the child's grade in school?

- 3rd grade 4th grade 5th grade 6th grade
- Not in school Other-specify: _____

SECTION A-2:

TELL US ABOUT YOU. . . .

1. Are you male or female? Male Female
2. What is your age? _____ years old
3. What is your marital status?
 Single Separated Widowed
 Married Divorced Living with someone (partner, boyfriend,
girl friend)
 Other: specify _____

4. How many children do you have living with you? _____
5. How many persons live in your home? _____
6. Were you born in the United States? Yes No
7. If **NO**, how many years have you been in this country? _____

8. Is a language other than English spoken in your home? Yes No

9. How would you best describe yourself? (*Circle all that apply.*)

- a White / Anglo Saxon
- b Black or African American (non Hispanic)
- c Asian / Asian American
- d American Indian or Alaskan Native
- e Pueblo (specify tribe: _____)
- f Navajo
- g Apache (specify tribe: _____)
- h Other Indian: (specify: _____)
- i Hispanic
- j Mexican/Mexican American/Chicano
- k Spanish
- l Central American (specify country: _____)
- m South American (specify country: _____)
- n Puerto Rican
- o Cuban
- p Other: specify _____

10. What is the highest grade you completed in school? _____

11. What is your current employment status?

- | | |
|---|---|
| <input type="checkbox"/> Employed full time (35 hours a week or more) | <input type="checkbox"/> Unemployed, disabled |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Unemployed, retired |
| <input type="checkbox"/> Unemployed, looking for work | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unemployed, not looking for work | |

SECTION B:

Tell us about your child's performance in school.

1. Which of the following best describes your child's grades?

- | | |
|--|--|
| <input type="checkbox"/> All A's – <u>Excellent</u> Grades | <input type="checkbox"/> All C's – <u>Average</u> Grades |
| <input type="checkbox"/> A's & B's – <u>Very Good</u> Grades | <input type="checkbox"/> C's & D's – <u>Below Average</u> Grades |
| <input type="checkbox"/> All B's – <u>Good</u> Grades | <input type="checkbox"/> Failing- <u>Unsatisfactory</u> Grades |
| <input type="checkbox"/> B's & C's – <u>Above Average</u> Grades | <input type="checkbox"/> Currently not enrolled in school |
| | <input type="checkbox"/> Do not know |

2. Has your child ever been held back in school? Yes No

3. How would you describe your child's school attendance?

- | | |
|--|---|
| <input type="checkbox"/> Is never absent | <input type="checkbox"/> Is absent a lot |
| <input type="checkbox"/> Is hardly ever absent | <input type="checkbox"/> Currently not enrolled in school |
| <input type="checkbox"/> Is sometimes absent | <input type="checkbox"/> Do not know |

4. When your child gets home from school, who is waiting for him or her most days?

- A parent or other grown up is there
- No one is home – your child is alone for a while
- No grown up is home – your older child(ren) is there
- No grown up is home – your child takes care of his/her younger brothers or sisters
- Your child does not go home after school
- Your child is not in school

5. How often you do have disagreements or arguments with your child?

- | | |
|---|---|
| <input type="checkbox"/> Almost every day | <input type="checkbox"/> A few times a year |
| <input type="checkbox"/> Once or twice a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> A few times a month | |

	Almost Never	Once in a while	Some times	Frequently	Almost Always
	1	2	3	4	5
8. Our family changes its way of handling tasks	1	2	3	4	5
9. Family members like to spend free time with each other	1	2	3	4	5
10. Parent(s) and children discuss punishment together	1	2	3	4	5
11. Family members feel very close to each other	1	2	3	4	5
12. The children make the decisions in our family	1	2	3	4	5
13. When our family gets together for activities, everybody is present	1	2	3	4	5
14. Rules change in our family	1	2	3	4	5
15. We can easily think of things to do together as a family	1	2	3	4	5
16. We shift household responsibilities from person to person	1	2	3	4	5
17. Family members consult other family members on their decisions	1	2	3	4	5
18. It is hard to identify the leader(s) in our family	1	2	3	4	5
19. Family togetherness is very important	1	2	3	4	5
20. It is hard to tell who does which household chores	1	2	3	4	5

SECTION D: Instructions

Read each item below carefully, and decide how much you think your child has been bothered by this problem during the past month

	Not at all 0	Just a little 1	Pretty Much 2	Very Much 3
1. Picks at things (nails, fingers, hair, clothing).	0	1	2	3
2. Sassy to grown-ups.	0	1	2	3
3. Problem with making or keeping friends.	0	1	2	3
4. Excitable, impulsive.	0	1	2	3
5. Wants to run things.	0	1	2	3
6. Sucks or chews (thumb, clothing, blankets).	0	1	2	3
7. Cries easily or often.	0	1	2	3
8. Carries a chip on his/her shoulder.	0	1	2	3
9. Daydreams.	0	1	2	3
10. Difficulty in learning.	0	1	2	3
11. Restless in the "squirmy" sense.	0	1	2	3
12. Fearful (of new situations, new people or place, going to school).	0	1	2	3
13. Restless, always up and on the go.	0	1	2	3
14. Destructive.	0	1	2	3
15. Tells lies or stories that aren't true.	0	1	2	3
16. Shy.	0	1	2	3
17. Gets into more trouble than others same age.	0	1	2	3
18. Speaks differently from others same age (baby talk, stuttering, hard to understand).	0	1	2	3
19. Denies mistakes or blames others.	0	1	2	3
20. Quarrelsome.	0	1	2	3
21. Pouts and sulks.	0	1	2	3
22. Steals.	0	1	2	3

	Not at all 0	Just a little 1	Pretty Much 2	Very Much 3
23. Disobedient or obeys but resentfully.	0	1	2	3
24. Worries more than others (about being alone, illness or death).	0	1	2	3
25. Fails to finish things.	0	1	2	3
26. Feelings easily hurt.	0	1	2	3
27. Bullies others.	0	1	2	3
28. Unable to stop a repetitive activity.	0	1	2	3
29. Cruel.	0	1	2	3
30. Childish or immature (wants help s/he shouldn't need, clings, needs constant reassurance).	0	1	2	3
31. Distractibility or attention span a problem.	0	1	2	3
32. Headaches.	0	1	2	3
33. Mood changes quickly and drastically.	0	1	2	3
34. Doesn't like or doesn't follow rules or restrictions.	0	1	2	3
35. Fights constantly.	0	1	2	3
36. Doesn't get along well with brothers or sisters.	0	1	2	3
37. Easily frustrated in efforts.	0	1	2	3
38. Disturbs other children.	0	1	2	3
39. Basically an unhappy child.	0	1	2	3
40. Problems with eating (poor appetite).	0	1	2	3
41. Stomach aches.	0	1	2	3
42. Problems with sleep (can't fall asleep, up too early, up in the night).	0	1	2	3
43. Other aches and pains.	0	1	2	3
44. Vomiting or nausea.	0	1	2	3

	Not at all 0	Just a little 1	Pretty Much 2	Very Much 3
45. Feels cheated in family circle.	0	1	2	3
46. Boasts and brags.	0	1	2	3
47. Lets self be pushed around.	0	1	2	3
48. Bowel problems (frequently loose, irregular habits, constipation).	0	1	2	3

You're done!!!

Thanks again!!

TURN YOUR SURVEY IN TO THE PERSON IN CHARGE