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The Incredible Years Project

University of Washington Parenting Clinic (206) 543-6010

INVOLVE Parent

Time	<input checked="" type="checkbox"/>	Dad/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mom					
	<input type="checkbox"/>	<input type="checkbox"/>				
Office Use Only						

This section asks about your involvement in your child's schooling.

- How difficult is it for you to make contact with your child's teacher?

<input type="checkbox"/> Very easy	<input type="checkbox"/> Slightly hard
<input type="checkbox"/> Moderately easy	<input type="checkbox"/> Moderately hard
<input type="checkbox"/> Slightly easy	<input type="checkbox"/> Very hard
<input type="checkbox"/> Neither easy nor difficult	
- In general, how often do you go to parent/teacher conferences or open houses at school?

<input type="checkbox"/> Never	<input type="checkbox"/> About once per week
<input type="checkbox"/> A few times per year	<input type="checkbox"/> A few times per week
<input type="checkbox"/> About once per month	<input type="checkbox"/> Every day
<input type="checkbox"/> A few times per month	<input type="checkbox"/> Not applicable
- In general, how often do you have contact with your child's teacher?

<input type="checkbox"/> Never	<input type="checkbox"/> About once per week
<input type="checkbox"/> A few times per year	<input type="checkbox"/> A few times per week
<input type="checkbox"/> About once per month	<input type="checkbox"/> Every day
<input type="checkbox"/> A few times per month	
- In general, how often do you volunteer in the classroom or at a school-related event?

<input type="checkbox"/> Never	<input type="checkbox"/> About once per week
<input type="checkbox"/> A few times per year	<input type="checkbox"/> A few times per week
<input type="checkbox"/> About once per month	<input type="checkbox"/> Every day
<input type="checkbox"/> A few times per month	<input type="checkbox"/> Not applicable
- In general, how often do you help your child with school-type activities (reading together or discussing a story together, working together on a puzzle, playing word games together, etc.)?

<input type="checkbox"/> Never	<input type="checkbox"/> About once per week
<input type="checkbox"/> A few times per year	<input type="checkbox"/> A few times per week
<input type="checkbox"/> About once per month	<input type="checkbox"/> Every day
<input type="checkbox"/> A few times per month	
- Over the LAST 2 SCHOOL DAYS, how many total hours did you spend with your child talking, playing or doing some activities (reading together, etc.)?

<input type="checkbox"/> None at all	<input type="checkbox"/> 1 1/2 - 2 hours
<input type="checkbox"/> Less than 1/2 hour	<input type="checkbox"/> 2 - 2 1/2 hours
<input type="checkbox"/> 1/2 - 1 hour	<input type="checkbox"/> 2 1/2 - 3 hours
<input type="checkbox"/> 1 - 1 1/2 hours	<input type="checkbox"/> 3 or more hours
- On average, how many hours per day does your child spend playing alone?

<input type="checkbox"/> Less than 1/2 hour	<input type="checkbox"/> 2 - 2 1/2 hours
<input type="checkbox"/> 1/2 - 1 hour	<input type="checkbox"/> 2 1/2 - 3 hours
<input type="checkbox"/> 1 - 1 1/2 hours	<input type="checkbox"/> 3 or more hours
<input type="checkbox"/> 1 1/2 - 2 hours	
- On a typical school day, how many hours per day does your child usually spend watching TV?

<input type="checkbox"/> Less than 1/2 hour	<input type="checkbox"/> 2 1/2 - 3 hours
<input type="checkbox"/> 1/2 - 1 hour	<input type="checkbox"/> 3 - 4 hours
<input type="checkbox"/> 1 - 1 1/2 hours	<input type="checkbox"/> 4 - 6 hours
<input type="checkbox"/> 1 1/2 - 2 hours	<input type="checkbox"/> More than 6 hrs.
<input type="checkbox"/> 2 - 2 1/2 hours	
- How true is the following statement in your home:
In our home, there is a specific place set up where my child can play.

<input type="checkbox"/> Never true	<input type="checkbox"/> Often true
<input type="checkbox"/> Seldom true	<input type="checkbox"/> Very often true
<input type="checkbox"/> Sometimes true	<input type="checkbox"/> Always true
<input type="checkbox"/> True about half the time	
- How true is the following statement in your home:
In our home, there is a regular time when my child is supposed to play and not watch TV or do computer games.

<input type="checkbox"/> Never true	<input type="checkbox"/> Often true
<input type="checkbox"/> Seldom true	<input type="checkbox"/> Very often true
<input type="checkbox"/> Sometimes true	<input type="checkbox"/> Always true
<input type="checkbox"/> True about half the time	
- How important is it to you that your child does well in school?

<input type="checkbox"/> Not at all important	<input type="checkbox"/> Quite important
<input type="checkbox"/> Only slightly important	<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat important	<input type="checkbox"/> Extremely important
<input type="checkbox"/> Moderately important	
- How important is it to you that your child read or look at books?

<input type="checkbox"/> Not at all important	<input type="checkbox"/> Quite important
<input type="checkbox"/> Only slightly important	<input type="checkbox"/> Very important
<input type="checkbox"/> Somewhat important	<input type="checkbox"/> Extremely important
<input type="checkbox"/> Moderately important	



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No at all important
Only slightly important
Somewhat important
Moderately important
Quite important
Very important
Extremely important

- 13. How important is it that your child play with you? (1 2 3 4 5 6 7)
- 14. How important is it for you to:
 - a. Show interest in your child's school activities? (1 2 3 4 5 6 7)
 - b. Keep close track of whether your child is behaving appropriately at school? (1 2 3 4 5 6 7)
 - c. Keep close track of how your child is doing in school? (1 2 3 4 5 6 7)
 - d. Read with your child? (1 2 3 4 5 6 7)
 - e. Provide a regular time and place for you to play with your child? (1 2 3 4 5 6 7)
 - f. Talk with teachers about your child's progress? (1 2 3 4 5 6 7)

- 15. Please rate how important each of the following is for a child who is just starting kindergarten:
 - a. Knowledge of the alphabet. (1 2 3 4 5 6 7)
 - b. Knowledge of the sounds letters make. (1 2 3 4 5 6 7)
 - c. Ability to count. (1 2 3 4 5 6 7)
 - d. Ability to add single-digit numbers. (1 2 3 4 5 6 7)

- 16. How important do you think it is for your child..
 - a. That you talk with your child about things other than school on a regular basis? (1 2 3 4 5 6 7)
 - b. That you be present at your child's non-school events (like sports, scouts or music performances)? (1 2 3 4 5 6 7)
 - c. That you do non-school -type activities for fun (playing games, working on a hobby or craft, etc.)? (1 2 3 4 5 6 7)

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

- 17. How much do you agree or disagree with the following statements?
 - a. My child's school is doing a good job. (1 2 3 4 5)
 - b. Teachers don't tell me how my child is doing until it's too late. (1 2 3 4 5)
 - c. School personnel make me feel inadequate or unwelcome as a parent. (1 2 3 4 5)
 - d. How well my child does in school is not my responsibility. (1 2 3 4 5)
 - e. I shouldn't need to help the teachers teach my child how to read and write. (1 2 3 4 5)

Not at all
Slightly
Somewhat
Moderately
Quite
Very
Extremely

- 18. How concerned would you be if your child had any of the following difficulties?
 - a. Not paying attention. (1 2 3 4 5 6 7)
 - b. Not being able to concentrate on a task. (1 2 3 4 5 6 7)
 - c. Attacking others with sharp objects. (1 2 3 4 5 6 7)
 - d. Taking things that don't belong to them. (1 2 3 4 5 6 7)
 - e. Talking back to teachers. (1 2 3 4 5 6 7)
 - f. Not doing what teachers ask. (1 2 3 4 5 6 7)
 - g. Not having friends. (1 2 3 4 5 6 7)
 - h. Frequent temper tantrums. (1 2 3 4 5 6 7)
 - i. Having a temper tantrum when corrected. (1 2 3 4 5 6 7)
 - j. Hitting other children. (1 2 3 4 5 6 7)
 - k. Getting into a lot of fights. (1 2 3 4 5 6 7)



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INVOLVE Parent Questionnaire (Page 3)

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The following questions relate to how you feel about your child's school. Please mark the appropriate circle.

Not at all
A little
Some
A lot
A great deal

- 19. You feel welcome to visit your child's school. 1 2 3 4 5
- 20. You enjoy talking with your child's teacher. 1 2 3 4 5
- 21. You feel your child's teacher cares about your child. 1 2 3 4 5
- 22. You think your child's teacher is interested in getting to know you. 1 2 3 4 5
- 23. You feel comfortable talking with your child's teacher about your child. 1 2 3 4 5
- 24. You feel your child's teacher pays attention to your suggestions. 1 2 3 4 5
- 25. You ask your child's teacher questions or make suggestions about your child. 1 2 3 4 5
- 26. Your child's teacher encourages you to send story books and other things to class. 1 2 3 4 5
- 27. You send things to class like story books and other things. 1 2 3 4 5
- 28. You feel supported by your child's teacher. 1 2 3 4 5
- 29. You enjoy talking with the school counselor/family service worker. 1 2 3 4 5
- 30. You feel the school counselor/family service worker cares about your child. 1 2 3 4 5
- 31. You think the school counselor/family service worker is interested in getting to know you. 1 2 3 4 5
- 32. You feel comfortable talking with the school counselor/family service worker about your child. 1 2 3 4 5
- 33. You feel the school counselor/family service workers pays attention to your suggestions. 1 2 3 4 5
- 34. You ask the school counselor/family service worker questions or make suggestions about your child. 1 2 3 4 5
- 35. You feel supported by your school counselor/family service worker. 1 2 3 4 5

Strongly disagree
Disagree
Not sure
Agree
Strongly agree

- 36. The staff at your child's school is doing good things for your child. 1 2 3 4 5
- 37. You have confidence in the people at your child's school. 1 2 3 4 5
- 38. Your child's school is doing a good job of preparing children for their futures. 1 2 3 4 5

Never
Once
Twice
3 times
4 or 5 times
6 or 7 times
More than 7 times

- 39. Over the LAST 2 DAYS, how many times did you do each of the following?
 - a. Eat a meal with your child? 1 2 3 4 5 6 7
 - b. Hug, kiss or show affection to your child? 1 2 3 4 5 6 7
 - c. Do any non-school-type activities with your child (playing, working on a hobby or craft, etc.)? 1 2 3 4 5 6 7
 - d. Talk with your child about his/her activities? 1 2 3 4 5 6 7
 - e. Have an enjoyable talk with your child (about anything)? 1 2 3 4 5 6 7
 - f. Shared reading time with your child? 1 2 3 4 5 6 7
- 40. Over the LAST MONTH, how often have you done each of the following activities with your child?
 - a. Eat together as a whole family? 1 2 3 4 5 6 7
 - b. Work on chores together? 1 2 3 4 5 6 7
 - c. Watch a movie or an entire TV show together? 1 2 3 4 5 6 7
 - d. Read or discuss a book or story together? 1 2 3 4 5 6 7
 - e. Go places together for fun (such as visiting friends, sporting events, scout or club meetings, or outdoor activities)? 1 2 3 4 5 6 7
 - f. Do projects or activities together at home (such as hobbies, crafts, baking, music, games, play, etc.)? 1 2 3 4 5 6 7



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Four empty rectangular boxes for data entry.

Never true
Seldom true
Sometimes true
True about half the time
Often true
Always true
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41. Think back over the LAST MONTH. How true are each of the following statements for your child?

a. I really enjoyed being with my child.	1	2	3	4	5	6	7
b. My child and I have gotten along very well.	1	2	3	4	5	6	7
c. I really enjoyed the talks we had.	1	2	3	4	5	6	7
d. I got irritated with my child.	1	2	3	4	5	6	7
e. The time I have spent with my child has been very stressful.	1	2	3	4	5	6	7
f. My child ignored me when I talked to him/her.	1	2	3	4	5	6	7
g. My child didn't want to do things with me (or the family).	1	2	3	4	5	6	7
h. I didn't know how to relate to my child on his/her level.	1	2	3	4	5	6	7
i. We did things together that were fun and interesting.	1	2	3	4	5	6	7
j. Family members really helped and supported one another.	1	2	3	4	5	6	7
k. There was a feeling of togetherness in our home.	1	2	3	4	5	6	7
l. Family members criticized each other.	1	2	3	4	5	6	7

42. How often does your family get together to talk about problems or issues in your family and try to solve them?

- All of the time
- Occasionally
- Most of the time
- Rarely
- More often than not
- Never

43. When your child has a problem with friends, school or siblings, how likely are you to let your child work it out on his/her own?

- Not at all likely
- Quite likely
- Slightly likely
- Very likely
- Somewhat likely
- Extremely likely
- Moderately likely

44. When your child has a problem with friends, school or siblings, how likely are you to sit down and talk about it with your child?

- Not at all likely
- Quite likely
- Slightly likely
- Very likely
- Somewhat likely
- Extremely likely
- Moderately likely

45. In the LAST WEEK, how many times did the following things happen between you and your child?

Never
Once
Twice
3 times
4 or 5 times
6 or 7 times
More than 7 times

a. We got angry at each other.	1	2	3	4	5	6	7
b. One or both of us got so mad that we spoke to each other only when we had to.	1	2	3	4	5	6	7
c. We argued at the dinner table.	1	2	3	4	5	6	7
d. We had a big argument about a little thing.	1	2	3	4	5	6	7
e. One of us got so mad that we hit the other person.	1	2	3	4	5	6	7
f. My child got his/her way by getting angry.	1	2	3	4	5	6	7
g. Someone in the family lost his/her temper.	1	2	3	4	5	6	7
h. We had a conflict over getting dressed, bedtime, TV or picking up.	1	2	3	4	5	6	7