



Parent Satisfaction Questionnaire

Small Group Dina Program

The following questionnaire is part of our evaluation of the Dinosaur Social Skills program that your child has received. It is important that you answer as honestly as possible. The information obtained will help us to evaluate and continually improve the program we offer. Your cooperation is greatly appreciated. All responses will be strictly confidential.

A. The Overall Program

Please circle the response that best expresses how you honestly feel.

1. The major problem(s) that originally prompted me to begin treatment for my child is (are) at this point

considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
-----------------------	-------	-------------------	-------------	----------------------	----------	---------------------
2. My child's problems which I/we have treated with clinic methods are at this point

considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
-----------------------	-------	-------------------	-------------	----------------------	----------	---------------------
3. My child's problems which I/we have not treated with clinic methods are at this point

considerably worse	worse	slightly worse	the same	slightly improved	improved	greatly improved
-----------------------	-------	-------------------	-------------	----------------------	----------	---------------------
4. At this point my feelings about my child's progress are that I am

very dissatisfied	dissatisfied	slightly dissatisfied	the same	slightly satisfied	satisfied	very satisfied
----------------------	--------------	--------------------------	-------------	-----------------------	-----------	-------------------
5. To what degree has the treatment program helped with other general personal or family problems not directly related to your child? (e.g., marriage, parenting skills)

hindered much more than helped	hindered	hindered slightly	neither helped nor hindered	helped slightly	helped	helped very much
--------------------------------------	----------	----------------------	-----------------------------------	--------------------	--------	---------------------
6. At this point, my expectation for good results from this treatment is

very pessimistic	pessimistic	slightly pessimistic	neutral	slightly optimistic	optimistic	very optimistic
---------------------	-------------	-------------------------	---------	------------------------	------------	--------------------
7. I feel that the approach used to treat my child's behavior problems in this program is

very inappropriate	inappropriate	slightly inappropriate	neutral	slightly appropriate	appropriate	very appropriate
-----------------------	---------------	---------------------------	---------	-------------------------	-------------	---------------------
8. Would you recommend the program to a friend or relative?

strongly not recommend	not recommend	slightly not recommend	neutral	slightly recommend	recommend	strongly recommend
------------------------------	------------------	------------------------------	---------	-----------------------	-----------	-----------------------
9. How confident are you in managing current behavior problems in the home on your own?

very unconfident	unconfident	somewhat unconfident	neutral	slightly confident	confident	very confident
---------------------	-------------	-------------------------	---------	-----------------------	-----------	-------------------
10. How confident are you in your ability to manage future behavior problems in the home?

very unconfident	unconfident	somewhat unconfident	neutral	slightly confident	confident	very confident
---------------------	-------------	-------------------------	---------	-----------------------	-----------	-------------------
11. My overall feeling about the treatment program for my child is

very negative	negative	somewhat negative	neutral	slightly positive	positive	very positive
------------------	----------	----------------------	---------	----------------------	----------	------------------

B. Dinosaur Format and Methods

Difficulty

In this section, we'd like to get your ideas of how difficult each of the following methods has been for you to follow. Please circle the response that most clearly describes your opinion.

1. Written readings for parents (chapters on play, praise, etc.)

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
------------------------	-----------	-----------------------	---------	------------------	------	-------------------

2. Behavior management assignments with child (e.g., rules, sticker charts, praising specific behaviors)

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
------------------------	-----------	-----------------------	---------	------------------	------	-------------------

3. Assignments for teachers (e.g., good behavior cards home)

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
------------------------	-----------	-----------------------	---------	------------------	------	-------------------

4. Dinosaur Homework for children

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
------------------------	-----------	-----------------------	---------	------------------	------	-------------------

5. Practicing skills at home (e.g., praise, problem-solving, Time Out)

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
------------------------	-----------	-----------------------	---------	------------------	------	-------------------

6. Involvement of my child's teacher in the program

extremely difficult	difficult	somewhat difficult	neutral	somewhat easy	easy	extremely easy
------------------------	-----------	-----------------------	---------	------------------	------	-------------------

Usefulness

In this section, we'd like to get your ideas of how useful each of the following methods is.

Please circle the response that most clearly describes your opinion.

1. Written readings for parents (chapters on play, praise, etc.)

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------------	---------------------	---------	--------------------	--------	---------------------

2. Homework assignments with child (e.g., rules, sticker charts, praising specific behaviors)

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------------	---------------------	---------	--------------------	--------	---------------------

3. Assignments for teachers (e.g., good behavior cards home)

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------------	---------------------	---------	--------------------	--------	---------------------

4. Dinosaur Homework for children

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------------	---------------------	---------	--------------------	--------	---------------------

5. Practicing skills at home (e.g., praise, problem-solving, Time Out)

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------------	---------------------	---------	--------------------	--------	---------------------

6. Involvement of my child's teacher in the program

extremely useless	not useful	somewhat useless	neutral	somewhat useful	useful	extremely useful
----------------------	---------------	---------------------	---------	--------------------	--------	---------------------

C. Group Leader 1 (Dinosaur Program)

(name)

In this section we'd like to get your ideas about your child's group leader(s). Please circle the response to each question that best expresses how you or your child feels.

- Concerning the group leader's interest and concern in me and my child, I was
extremely dissatisfied dissatisfied somewhat dissatisfied neutral somewhat satisfied satisfied extremely satisfied
- At this point, I feel that my child's group leader in the treatment program was
extremely not helpful not helpful somewhat helpful neutral somewhat helpful helpful extremely helpful
- Concerning my personal feelings toward my child's group leader
I dislike him/her very much I dislike him/her slightly I dislike him/her I have a neutral attitude I like him/her slightly I like him/her I like him/her very much
- Concerning my child's feelings toward the group leader
dislikes him/her very much dislikes him/her dislikes him/her slightly has a neutral attitude likes him/her slightly likes him/her likes him/her very much

Group Leader 2 (Dinosaur Program)

(name)

- Concerning the group leader's interest and concern in me and my child, I was
extremely dissatisfied dissatisfied somewhat dissatisfied neutral somewhat satisfied satisfied extremely satisfied
- At this point, I feel that my child's group leader in the treatment program was
extremely not helpful not helpful somewhat helpful neutral somewhat helpful helpful extremely helpful
- Concerning my personal feelings toward my child's group leader
I dislike him/her very much I dislike him/her slightly I dislike him/her I have a neutral attitude I like him/her slightly I like him/her I like him/her very much
- Concerning my child's feelings toward the group leader
dislikes him/her very much dislikes him/her dislikes him/her slightly has a neutral attitude likes him/her slightly likes him/her likes him/her very much

D. Your Opinion Please

In this section we'd like to get your ideas, and your child's, about the program.

1. What part of the Dinosaur program was most helpful to your child?

2. What did your child like most about the Dinosaur School?

3. What did you like least about the Dinosaur training program?

4. How could the program have been improved to help you more?

5. During the time you were in this program did you receive any other type of treatment for yourself or your child?

6. At this time do you feel the need for additional individual or group therapy? Please elaborate.