

Family Hui Participant Registration

A) Name: _____ Phone: _____

Address: _____ City: _____

Zip Code: _____ Email Address: _____

(Your address and phone will be kept confidential.)

B) Check if you would like to receive emails/texts from Family Hui

C) Name of Child(ren)	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D) Group Leader's Name: _____

I have received a copy of the Family Hui Agreements and understand the terms of my participation in Family Hui.

Signed: _____ Date: _____

E) Have you participated in a Family Hui Group before?

Yes No If yes, when: _____

F) Are there any specific accommodations your child needs? Any allergies?

Yes No If yes, please explain: _____

G) Please indicate how much you agree with the following statements.

Please check one answer per row.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
1. I feel connected with other families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am confident as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can manage the stresses of raising a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family Hui Agreements

1. Every parent is responsible for his or her own child.
2. Please be respectful of others viewpoints and parenting styles.
3. Listen to each other with an open mind. Please resist judging others or trying to fix their problems.
4. Please use nonviolent language and actions with your child.
5. Please refrain from smoking or drinking alcohol at all Family Hui meetings and events.
6. Please do not use the group as a forum to solicit the sale of goods or services.
7. If you cannot attend a meeting or are going to be late, call your group leader to let him or her know.
8. Please stay home if your children are sick.

What is sick? Fever in the past 24 hours • Vomiting in the past 24 hours • Diarrhea • Runny nose- green or yellow mucous • Bad Cough
****If your child has been on antibiotics for 48 hours or has been given an “ok” by physicians, please come.***

Other Agreements?

Leader Name: _____ Phone: _____

Signature/Date



Family Hui Post Participation Survey
Version 1

Date: ____/____/____

Location: _____

Thank you for taking the time to complete the following survey. The information you provide will be used to help improve services for children and their families.

1. **Race/Ethnicity.** What is your race/ethnicity?
Please check all that apply.

- African American
- American-Indian/Alaska Native
- Asian
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White (non-Latino)
- Other: _____

2. **Location:** What is your zip code?

3. **Education.** What is your highest level of education? Please check one answer.

- Grade 12 or less, no high school diploma
- High school diploma or GED
- Some college
- AA/AS degree or vocational school
- BA/BS degree
- Graduate school
- Other: _____

4. **Language.** What language do you primarily speak at home? Please check one answer.

- English
- Spanish
- Russian
- Hmong
- Other: _____

5. **Child's Age.** What is your child's birthday?
Please fill in birth date for each child.

month / day / year

Child 1	_____ / _____ / _____
Child 2	_____ / _____ / _____
Child 3	_____ / _____ / _____
Child 4	_____ / _____ / _____
Child 5	_____ / _____ / _____

6. **Participation:** Including today, how many times did you participate in this Family Hui? Please check one answer.

- 1-2 times 7-10 times
- 3-6 times 11-12 times

7. Please indicate how much you agree with the following statements. Please check one answer per row.

Since participating in the Family Hui...	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
a. I have a better understanding of how children learn through play and hands-on experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have learned new ways to keep my child safe and healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I learned what skills/behaviors are appropriate for my child's age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have learned ways to improve my child's behaviors that are appropriate to his/her age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I gained a support network of people who help each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I became more connected with other families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Hui Program Post Participation Survey Last name: _____

Since participating in the Family Hui...	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
g. I learned about available resources in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I know who to contact if I need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel more confident in myself as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. It is easier to manage the daily stresses of raising a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate how much you agree with the following statements. Please check one answer per row.

	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Don't know
a. The <i>Family Hui</i> was respectful of my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The <i>Family Hui</i> group leader communicated with me in a language I feel comfortable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I trusted the <i>Family Hui</i> group leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The <i>Family Hui's</i> location made it easy for me to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My ideas were welcomed and I felt included in the <i>Family Hui</i> program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The <i>Family Hui's</i> hours made it easy for me to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would recommend the <i>Family Hui</i> program to a family member or friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How has participating in the *Family Hui* benefitted you/your family?

10. Is there anything that you would change about the *Family Hui*?

11. Is there anything else you would like to add?