

PARENT'S SATISFACTION QUESTIONNAIRE**DINOSAUR 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 somewhat difficult neutral somewhat easy extremely easy

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

extremely difficult somewhat difficult neutral somewhat easy extremely easy

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

extremely difficult somewhat difficult neutral somewhat easy extremely easy

4. Dinosaur Homework for children

extremely difficult somewhat difficult neutral somewhat easy extremely easy

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

extremely difficult somewhat difficult neutral somewhat easy extremely easy

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

extremely difficult somewhat difficult neutral somewhat 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. Therapist 1 (Dinosaur Program)

(name)

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

1. Concerning the therapist's interest and concern in me and my child, I was

| | | | | | | |
|---------------------------|--------------|--------------------------|---------|-----------------------|-----------|------------------------|
| extremely dissatisfied | dissatisfied | somewhat dissatisfied | neutral | somewhat satisfied | satisfied | extremely satisfied |
|---------------------------|--------------|--------------------------|---------|-----------------------|-----------|------------------------|

2. At this point, I feel that my child's therapist in the treatment program was

| | | | | | | |
|--------------------------|----------------|-------------------------|---------|---------------------|---------|----------------------|
| extremely not helpful | not helpful | somewhat not helpful | neutral | somewhat helpful | helpful | extremely helpful |
|--------------------------|----------------|-------------------------|---------|---------------------|---------|----------------------|

3. Concerning my personal feelings toward my child's therapist

| | | | | | | |
|-----------------------------------|----------------------------------|----------------------|---------------------------------|-------------------------------|-------------------|--------------------------------|
| 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 |
|-----------------------------------|----------------------------------|----------------------|---------------------------------|-------------------------------|-------------------|--------------------------------|

4. Concerning my child's feelings toward the therapist

| | | | | | | |
|----------------------------------|---------------------|---------------------------------|------------------------------|------------------------------|------------------|-------------------------------|
| 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 |
|----------------------------------|---------------------|---------------------------------|------------------------------|------------------------------|------------------|-------------------------------|

Therapist 2 (Dinosaur Program)

(name)

1. Concerning the therapist's interest and concern in me and my child, I was

| | | | | | | |
|---------------------------|--------------|--------------------------|---------|-----------------------|-----------|------------------------|
| extremely dissatisfied | dissatisfied | somewhat dissatisfied | neutral | somewhat satisfied | satisfied | extremely satisfied |
|---------------------------|--------------|--------------------------|---------|-----------------------|-----------|------------------------|

2. At this point, I feel that my child's therapist in the treatment program was

| | | | | | | |
|--------------------------|----------------|-------------------------|---------|---------------------|---------|----------------------|
| extremely not helpful | not helpful | somewhat not helpful | neutral | somewhat helpful | helpful | extremely helpful |
|--------------------------|----------------|-------------------------|---------|---------------------|---------|----------------------|

3. Concerning my personal feelings toward my child's therapist

| | | | | | | |
|-----------------------------------|----------------------------------|----------------------|---------------------------------|-------------------------------|-------------------|--------------------------------|
| 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 |
|-----------------------------------|----------------------------------|----------------------|---------------------------------|-------------------------------|-------------------|--------------------------------|

4. Concerning my child's feelings toward the therapist

| | | | | | | |
|----------------------------------|---------------------|---------------------------------|------------------------------|------------------------------|------------------|-------------------------------|
| 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 |
|----------------------------------|---------------------|---------------------------------|------------------------------|------------------------------|------------------|-------------------------------|

