This questionnaire is for parents with a child in Kindergarten. Questions in clude information on your personal background, the programs/services you and your family have attended, and what you think of the Toronto First Duty Project (early childhood and parenting programs based at yo ur school). Any information you provide will be treated confidentiall y.

What neighborhood do you live in?						
My street address		Postal Code				
2.	Your gender?					
	‰ Male					
	‰ Female					
3.	Your marital status?					
	% Married					
	‰ Single					
	% Divorced					
	% Common law					
	% Widow		<u> </u>			
4.	Your kindergarten child?		5.4.4.			
	% Boy	% First-born	Birth date:			
	% Girl	‰ Later-born	(date/month/year)			
5.	Your languages?					
	1 st language 2 nd language					
	at home we speak					
6.	Your country of birth?					
0.	% Canada					
	% Other country					
	Number of years in Canada					
7.	Your cultural, racial, religious or					
(descr	_	a way that you feel comfortable) _				
8.	What is the highest level of educ	cation you have completed?				
	Wave not completed formal schooling					
	% Completed elementary					
	% Completed junior/midd					
	% Completed secondary/	-				
		college or technical college (e.g.	. CEGEP, Nurses' training)			
	‰ Student					
10.	10. Who lives in your home?					
	Couple with child/ren					
	Single parent family (father head)					
	% Single parent family (m	•				
		nts, ch ild/ren & other relatives)				
	% Grandparents (with child/ren)					

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11. Which programs/services have you or your child used?	11b. How much have you used these programs in the last month?	11c. Check the five most important programs for you and your family.
9 Check the programs you have	Fill in the time spent	9 Check the 5
used.	per week in the	most important
	programs you have	programs.
	used in the past month.	
%ofull time (e.g. childcare)	Time/week:	%
%oHomebased care (full/part time childcare, babysitting in/away from home)	Time/week:	%
%opart time nursery, preschool program, after school program	Time/week:	‰
‰Kindergarten	Time/week:	%
% Parent relief/occasional childcare	Time/week:	%
%Parenting classes/workshops	Time/week:	%
%Drop-in/Parenting programs	Time/week:	%
%Pre/Post-natal program	Time/week:	%
%Information and referrals	Time/week:	%
% Community events for families	Time/week:	%
%oResource library (books/toys/equipment)	Time/week:	‰
%oHealth and nutrition/wellness information programs	Time/week:	‰
%Child and/or family counselling	Time/week:	%
%Speech and language services	Time/week:	%
%oHome visits	Time/week:	%
%oOther - Please list:	Time/week:	‰

What do you think about programs and services in your community?

Please indicate how much you agree or disagree with each statement.

12. I know all the programs/services in my community.	13. My child has benefited from the programs/services
% Strongly agree	for children and families.
% Agree	% Strongly agree
% Not sure	% Agree
% Do not agree	% Not sure
% Strongly disagree	% Do not agree
Changy disagree	% Strongly disagree
14. I am happy with the quality of the programs/ services	15. When programs and services work together, they are
for children and families in my community.	better and easier to find out about.
% Strongly agree	% Strongly agree
% Agree	% Agree
% Not sure	% Not sure
‰ Do not agree	‰ Do not agree
% Strongly disagree	‰ Strongly disagree
16. As a parent, I enjoy the programs/services.	17. My opinion is valued and teachers/staff ask my opinion
% Strongly agree	about programs/services.
‰ Agree	‰ Strongly agree
‰ Not sure	% Agree
‰ Do not agree	‰ Not sure
Strongly disagree	% Do not agree
	% Strongly disagree
18. I have not been able to use many of the programs and	19. I do not feel like I am part of this community.
services for children and families.	‰ Strongly agree
Strongly agree	‰ Agree
‰ Agree	‰ Not sure
% Not sure	‰ Do not agree
‰ Do not agree	% Strongly disagree
% Strongly disagree	
20. Staff and Teachers tell me about programs/services	21. My child enjoys the programs/services.
that are available.	% Strongly agree
% Strongly agree	‰ Agree
‰ Agree	% Not sure
% Not sure	‰ Do not agree
% Do not agree	% Strongly disagree
% Strongly disagree	

Only complete this part if you have part

icipated in Toronto First Duty Project.

Socially Strongly agree % Strongly agree % Not sure % Do not agree % Strongly disagree % Strongly disagree % Strongly disagree % Strongly disagree % Strongly agree % Agree % Agree % Not sure % Do not agree % Not sure % Do not agree % Strongly disagree % Strongly agree % Strongly disagree % Strongly agree % Strongl		
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