

**Exit or End-of-Program-Year Survey for FACE Adults
for BIE FACE PROGRAM EVALUATION
Program Year 2020 (July 1, 2019 – June 30, 2020)**

FACE School _____

Date ____ / ____ / ____

Adult's Name _____

NASIS# _____

Please complete one Exit Survey at the end of your FACE participation this year. All information that you provide will remain confidential.

1. Did your child's participation in FACE help in any of the following ways? *(Answer for your oldest FACE child if you have more than one child who participated in FACE this year.)*

	<i>Yes, a lot</i>	<i>Yes, somewhat</i>	<i>No</i>	<i>Not applicable due to child's age</i>
a. Prepared my child for school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Increased my child's self confidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Increased my child's verbal/communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Increased my child's interest in learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Increased my child's interest in reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Helped my child get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did your participation in FACE help *you* in any of the following ways?

	<i>Yes, a lot</i>	<i>Yes, somewhat</i>	<i>No</i>
a. Passed one or more GED tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Obtained a GED or high school diploma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Improved my academic skills so I can go to college or get more education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Improved my academic skills for my own personal growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Completed one or more college/technical school courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Earned college degree or technical school certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Improved my communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Feel better about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Became more self-directed/self-disciplined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Learned to more effectively interact with other adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Increased my understanding of child development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Learned to more effectively interact with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Spent more time with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Became more involved in my child's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Yes, a lot</i>	<i>Yes, somewhat</i>	<i>No</i>
o. Became a better parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Got a job or a better job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Increased my usage of my native language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Increased my computer skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I can speak up for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I learned how to encourage my child's interest in reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Increased my reading to my child (the Reading Promise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Improved my physical fitness (Let's Move)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often do *you* do each of the following activities?

	<i>Daily or Almost Daily</i>	<i>Once or Twice a Week</i>	<i>A Few Times a Month</i>	<i>A Few Times a Year</i>	<i>Never</i>
a. I read for my enjoyment or learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I spend time writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work with numbers—use math to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I participate in community social events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I attend tribal or chapter meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I volunteer my time to help community service programs (for example, youth or senior programs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I use community resources that support learning (for example, libraries, museums, zoos, or parks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I use community resources that are designed to meet special needs (for example, social services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How well do you do each of the following?

	Not at all	Not very well	Pretty well	Very well
Speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone speaking English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Not very well	Pretty well	Very well
Write using your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand someone who speaks your Native American Indian language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often does each of the following activities occur in your home? (*Answer for your FACE child. If you have more than one child who participates in FACE, answer for your oldest FACE child.*)

	Daily or several times a day	Almost daily	Once or twice a week	A Few times a Month	Never or almost never	Doesn't apply because of child's age
a. I read to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I listen to my child read/pretend to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I tell stories to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I play with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I let my child make choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I take my child on special activities (other than FACE activities) outside our home (for example, visit nearby communities or attend powwows).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have discussions with my child about topics such as the day's events or my child's special interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I encourage my child to complete his or her responsibilities (household chores, for example).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I praise my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I teach my child; help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I provide opportunities for my child to scribble/draw/ color/write.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I permit my child to watch video tapes, DVDs, and/or television.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My child reads or looks at books or magazines at home on his/her own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. My child talks about what he/she reads or sees in books or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. My child writes and or draws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I talk, read, or tell stories to my child in my native language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. About how many children's books are in your child's home? (Check one.)
 None About 5 6-10 11-20 21-30 31-50 51-99 100 or more

7. About how many books for adults are in your child's home? (Check one.)
 None About 5 6-10 11-20 21-30 31-50 51-99 100 or more

8. Please rate how often you are involved at the school (even if you don't have school-aged children.)

	<i>Daily or Almost Daily</i>	<i>Once or Twice a Week</i>	<i>A Few Times a Month</i>	<i>A Few Times a Year</i>	<i>Never</i>
a. I attend classroom or school events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I volunteer my time to provide instructional assistance at school (for example, reading to or tutoring children).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I volunteer my time to provide other assistance at school (for example, helping with special events).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I participate or have participated on school committees or boards.			<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	
e. I find help I need through the school (for example, obtaining information about community services).			<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	

9. Check the following grades in which you have children enrolled. (If you **do not** have any children in grades K-6, skip to item 10.):

Kindergarten *1st* *2nd* *3rd* *4th* *5th* *6th*

How often do you do each of the following with or for your children in grades K-6?

	<i>Daily or Almost Daily</i>	<i>Once or Twice a Week</i>	<i>A Few Times a Month</i>	<i>A Few Times a Year</i>	<i>Never</i>
a. I help my children with their schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I communicate with my children's teachers about my children (for example, through phone conversations, email, social media, or parent-teacher conferences).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I visit my children's classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a FACE child who will attend kindergarten during the 2020-21 school year?

Yes *No* If **no**, skip to number 10.

If **yes**, will that FACE child attend kindergarten **at this school**? (Answer only if your child will attend kindergarten during the 2020-21 school year.)

Yes *No*

If your FACE child will attend kindergarten during the 2020-21 school year, but will not attend kindergarten at this school, please check the box(es) for the item(s) that explains why not.

- a. My child's home is located closer to another school.
- b. Another school will benefit my child more.
- c. My child is moving out of the area.
- d. Another school is more convenient due to work location or schedule.
- e. Transportation to FACE school is a problem.
- f. My child will attend another school that his/her siblings attend.
- g. Other (please explain):

11. Do you intend to continue participating in FACE? *Yes* *No*

If you intend to continue FACE participation, skip to number 12.

If you do not intend to continue participating, please check the box(es) for the item(s) that best explain why not.

- a. My FACE child will enter kindergarten.
- b. My FACE child will enter a preschool other than the FACE preschool.
- c. I am moving from the area.
- e. I will be working.
- f. I need to continue my education in another educational program.
- g. I have no child with whom to attend.
- h. Other (please describe):

12. If you do not intend to enroll in FACE again, please check the box(es) by any other educational classes/programs in which you are enrolled or will be enrolling:

- High school classes GED classes (other than FACE)
- Vocational education ABE classes (other than FACE)
- College classes Other:

13. Please indicate if you or your child participated in any of the following transitions this program year and if FACE helped in that process. Check all that apply.

Transitions Activities in PY20:	Check the transition activities that occurred for you and/or your child in PY20:		Did FACE help you make the transition?	
	You	Your child	Yes	No
a. Transition from home-based services to center-based services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prepare to transition from home-based services to kindergarten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prepare to transition from center-based services to kindergarten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transition from home-based services to employment or adult education other than FACE?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e. Transition from center-based services to employment or adult education other than FACE?	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist the FACE program!