

**Exit or End-of-Program-Year Survey for FACE Adults  
for BIE FACE PROGRAM EVALUATION  
Program Year 2021 (July 1, 2020 – June 30, 2021)**

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,<br/>a lot</i>    | <i>Yes,<br/>somewhat</i> | <i>No</i>                | <i>Not applicable<br/>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,<br/>a lot</i>    | <i>Yes,<br/>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,<br/>a lot</i>    | <i>Yes,<br/>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<br/>Almost<br/>Daily</i> | <i>Once or<br/>Twice a<br/>Week</i> | <i>A Few<br/>Times a<br/>Month</i> | <i>A Few<br/>Times a<br/>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?

|   | <b>Not at<br/>all</b>    | <b>Not very<br/>well</b> | <b>Pretty<br/>well</b>   | <b>Very<br/>well</b>     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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<br/>Almost<br/>Daily</i> | <i>Once or<br/>Twice a<br/>Week</i> | <i>A Few<br/>Times a<br/>Month</i>  | <i>A Few<br/>Times a<br/>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*     *1<sup>st</sup>*     *2<sup>nd</sup>*     *3<sup>rd</sup>*     *4<sup>th</sup>*     *5<sup>th</sup>*     *6<sup>th</sup>*

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

|  | <i>Daily or<br/>Almost<br/>Daily</i> | <i>Once or<br/>Twice a<br/>Week</i> | <i>A Few<br/>Times a<br/>Month</i> | <i>A Few<br/>Times a<br/>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.

| <b>Transitions Activities in PY20:</b>   | <b>Check the transition activities that occurred for you and/or your child in PY20:</b> |                          | <b>Did FACE help you make the transition?</b> |                          |
|--|---|--------------------------|---|--------------------------|
|  | <b>You</b>  | <b>Your child</b>        | <b>Yes</b>                                    | <b>No</b>                |
| 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!*