

TURNING POINTS PROGRAM: PARENT SURVEY

To parents of students in the Turning Points Program at Plaza Middle School:

Thank you for your support and interest in the Turning Points Program at Plaza Middle School. As you know, your child has been working with a mentor this year. In order to find ways to make the program better, we ask you to take a few moments to complete this survey. Your input will be greatly appreciated. (Please print.)

Date: _____

Your Name (optional) _____ Child's Name (optional) _____

How long has your child had a mentor?

1 year 2 years 3 years 4 years 5 years

Does your child have the same mentor as when he or she started the program? Yes No

Does your child seem as if he or she enjoys the time spent with the mentor? Yes No

Does your child (please check all that apply):

Seem happier? Yes No Seem less angry? Yes No

Get along better with brothers/sisters? Yes No

Get along better with friends? Yes No

Listen better? Yes No Feel better about him/herself? Yes No

Work harder on homework? Yes No Seem more responsible? Yes No

Have better school attendance? Yes No Seem better behaved at home? Yes No

Do better in school? Yes No Seem better behaved at school? Yes No

Have a better attitude about school? Yes No

Have you met your child's mentor at school? Yes No

If yes, how many times? once 2-3 times 4-6 times more than 6 times

Have you met with your child's mentor at home? Yes No

If yes, how many times? once 2-3 times 4-6 times more than 6 times

What do you think are the greatest benefits your child has received as a result of having a mentor?

What would you suggest as a possible activity for mentors, mentees and their families?

Sorting Through the Warning Signs: A Questionnaire

The following are questions to ask yourself about your student to help you determine if the behavior your student is exhibiting may be the result of violence at home. No single behavior can prove the child has been witnessing violence, but a combination of several or frequent repetition of one of the same following is a warning sign warranting further investigation.

Yes No

- Does the student seem apprehensive about going home?
- Does he/she seem to worry excessively about a parent or sibling?
- Does the student seem pre-occupied?
- Is the student startled easily?

- Is the student always sleepy or lethargic?
- Does he/she fall asleep during low activity times at school?
- Is the student saying or doing something repeatedly that doesn't make sense?
(For ex. bizarre reactions to routine events, abruptly cry or hit?)
- Does the student give up when given a challenging task?
- Does he/she call himself/herself stupid or put himself/herself down?
- Does the student bully other children, or is he/she the target of bullies?
- Does the student remain aloof from others?
- Does the student having difficulty bonding with anyone?
- Do/Does the parents(s) seem to be hiding anything?
- Do/Does the parent(s) appear nervous or overly willing to please?
- Do/Does the parent(s) show a dominant/submissive style of relationship?
- Does the student talk about alcohol or drug use at the home?
- Is the student extremely withdrawn or depressed?

Children and Families Experiencing Violence

_____ Pre-test

_____ Post-test

1. Name 2 risk factors for Family Violence.

1.

2.

2. What are some symptoms of an abused child?

1.

2.

3.

3. What are 3 types of domestic violence?

1.

2.

3.

4. Who would you refer a family to experiencing family violence?

1.

2.

5. Give an example of a time you would need to contact CPS for services.

6. Give an example of a child safety plan.
