

Protective Factors Survey - Staff Use Only



Agency ID # (enter CCC-2)

Participant ID #

Is this a...

Pretest?

Post test?

Date Survey Completed:

MM DD YYYY
: / /

**Date participant began program
(complete for pretest and post test):**

MM DD YYYY
: / /

Date participant completed program (complete for post test):

MM DD YYYY
: / /

How was the survey completed?

- Completed in face-to-face interview
- Completed by participant with program staff available to explain items as needed
- Completed by participant without program staff present

Has the participant had any involvement with Child Protective Services?

- No
- Yes
- Not Sure

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Type of Services: Identify the type of program that most accurately describes the services the participant is receiving. Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Family Resource Center |
| <input type="checkbox"/> Parent Support Group | <input type="checkbox"/> Skill Building/Ed for Children |
| <input type="checkbox"/> Parent/Child Interaction | <input type="checkbox"/> Adult Education (i.e. GED/Ed) |
| <input type="checkbox"/> Advocacy (sefl, community) | <input type="checkbox"/> Job Skills/Employment Prep |
| <input type="checkbox"/> Fatherhood Program | <input type="checkbox"/> Pre-Natal Class |
| <input type="checkbox"/> Planned and/or Crisis Respite | <input type="checkbox"/> Family Literacy |
| <input type="checkbox"/> Homeless/Transitional Housing | <input type="checkbox"/> Marriage Strengthening/Prep |
| <input type="checkbox"/> Resource and Referral | <input type="checkbox"/> Home Visiting |

Other (If you are using a specific curriculum, please name it here)

Participant's Attendance (Estimate if necessary):

Answer at Pretest: Number of hours of service offered to the consumer:

Answer at Post Test: Number of hours of service received by the consumer: