

# Kindergarten Parent Survey

Please fill in the circles like this ● or ⊗. Please use a blue or black ballpoint pen. Whenever you are asked about "your child", please answer the question based on your child who is currently enrolled in senior kindergarten.

## SECTION A: CHILD HEALTH & DEVELOPMENT

1. What is your child's gender?    <sub>1</sub> Male    <sub>2</sub> Female
2. What is your child's birth date? \_\_\_\_\_ month/ \_\_\_\_\_ day/ \_\_\_\_\_ year
3. What is your child's current weight? \_\_\_\_\_
4. What is your child's current height? \_\_\_\_\_  
(use the growth chart provided and record your child's height in the centimeter units provided on the chart)
5. What was your child's birth weight? \_\_\_\_\_
6. I am comfortable with how my child is growing.    <sub>1</sub> Yes    <sub>2</sub> No
7. My child: (**mark one**)    <sub>1</sub> Should weigh more    <sub>2</sub> Is about the right weight    <sub>3</sub> Should weigh less

## SECTION B: SPECIAL NEEDS

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
|  | YES                                | NO                                 |
| 8. Does your child have any special needs that would require services beyond those most children need? | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
|  | (go to question 9)                 | (Go to Section C, question 11)     |

- |   |                                    |                                    |                                    |
|---|------------------------------------|------------------------------------|------------------------------------|
|   | A Large Part                       | To Some Degree                     | No Part                            |
| 9. How much of your decision about the age at which to enroll your child in school was influenced by the availability of special services for your child? | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> | <input type="radio"/> <sub>3</sub> |

- |  |                                    |                                    |                                    |                                    |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|  | Strongly Disagree                  | Disagree                           | Agree                              | Strongly Agree                     |
| 10. Indicate your level of agreement with the following statements   |                                    |                                    |                                    |                                    |
| a. My expectations regarding school services and support have been met   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> | <input type="radio"/> <sub>3</sub> | <input type="radio"/> <sub>4</sub> |
| b. I am satisfied with the availability of services offered by the school for my child   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> | <input type="radio"/> <sub>3</sub> | <input type="radio"/> <sub>4</sub> |
| c. The change of services from pre-school to kindergarten was completed to my satisfaction   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> | <input type="radio"/> <sub>3</sub> | <input type="radio"/> <sub>4</sub> |
| d. My decision about the age at which to enroll my child in school was influenced by the availability of special services for my child | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> | <input type="radio"/> <sub>3</sub> | <input type="radio"/> <sub>4</sub> |

## SECTION C: HEALTHY EATING

	Everyday	Almost Everyday	Almost Never	Never
11. How often does your child eat breakfast?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
12. How often does your child eat vegetables?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
13. How often does your child eat fruits?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

## SECTION D: CHILD SAFETY

	Always	Sometimes	Most of the Time	Never	Not Applicable
14. When traveling in the car, how often does your child use a car or booster seat?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
15. When traveling in the car, how often does your child ride in the front passenger seat?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
16. How often does your child wear a helmet while riding a bicycle or tricycle?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
17. How often does your child wear a helmet while riding a scooter or skateboard?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

  

	Yes	No
18. In the past 12 months was your child injured? (such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months, and were <u>serious enough to require medical attention, by a doctor, nurse or dentist.</u> )	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

## SECTION E: CHILD CARE

	YES	NO
19. Prior to your child starting senior kindergarten did he/she <b>ever</b> receive child care (including attendance in nursery or pre-school programs) on a regular basis (at least once a week) from someone other than a parent? Do not include the occasional use of babysitters.	<input type="radio"/> <sub>1</sub> go to question 20	<input type="radio"/> <sub>2</sub> go to Section F, question 26

For the next few questions, we are interested in the characteristics of the PRIMARY or MAIN child care arrangement you had during certain age periods. You may have had more than one arrangement but select the one that you consider to be your primary arrangement.

20. Who took care of your child in your PRIMARY child care arrangement? (If your child was NOT in regular child care during a certain age period, mark the NO Child Care column)

Age of Child	NO Child Care	My Caregiver is a certified Early Childhood Educator (at least a college diploma)	My Caregiver has no College or University training in Early Childhood Education
0 to 6 months	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
7 months up to 2 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
2 yrs up to 4 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
4 yrs up to 6 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

21. Where was your **PRIMARY** child care arrangement? *If your child was NOT in regular child care during a certain age period, mark the **NO Child Care** column.*

Age of Child	NO Child Care	Child's Home	Other's Home	Child Care Centre
0 to 6 months	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
7 months up to 2 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
2 yrs up to 4 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
4 yrs up to 6 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

22. Overall, how satisfied were you with the care your child received in your **PRIMARY** child care arrangement?

Age of Child	NO Child Care	Not at All Satisfied	Somewhat Satisfied	Satisfied
0 to 6 months	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
7 months up to 2 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
2 yrs up to 4 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
4 yrs up to 6 yrs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

23. How important are each of the following in choosing child care for your child?

	Not at all Important	Somewhat Important	Important	Very Important
a. Location	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. Cost	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. Centre/Caregiver reputation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. Quality of the staff/ caregiver	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
e. Quality of the program/care	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
f. Hours of operation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
h. Available child care subsidy	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
i. Other (please specify) _____				

	YES	NO
24. Did you have <b>any</b> difficulties making child care arrangements for those times when your child was not attending the school kindergarten program?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

	1 <sup>st</sup> Choice
25. If you could choose any type of child care for your child no matter the costs, what would be your first choice? ( <b>mark only one</b> )	
a. Licensed child-care centre/Nursery school NOT located in a school	<input type="radio"/> <sub>1</sub>
b. Licensed child-care centre/Nursery school located in a school	<input type="radio"/> <sub>2</sub>
c. Licensed home child agency (e.g., care provided in a home but licensed through an agency)	<input type="radio"/> <sub>3</sub>
d. Informal home provider (e.g., neighbour, family member, friend)	<input type="radio"/> <sub>4</sub>

## SECTION F: PRE-KINDERGARTEN EXPERIENCES

26. In the <b>past 12 months</b> has your child participated in any of the following programs? ( <i>Mark all the apply</i> )	Yes
a. Children's programs ( <i>e.g., drop-ins, Mom's and Tots programs, Ontario Early Years Centre programs, Family Resource Centre programs</i> )	<input type="radio"/> <sub>1</sub>
b. Literacy/Family reading programs ( <i>e.g., library, storytimes, Cozy Read</i> )	<input type="radio"/> <sub>1</sub>
c. Programs or services for English as a second language	<input type="radio"/> <sub>1</sub>
d. Organized team sports ( <i>e.g., hockey, soccer, t-ball, lacrosse</i> )	<input type="radio"/> <sub>1</sub>
e. Physical activity & Recreation programs ( <i>e.g., swimming &amp; skating lessons, gymnastics, Sport Ball, family swimming and skating</i> )	<input type="radio"/> <sub>1</sub>
g. Children's Club ( <i>Beavers, Sparks, Boys and Girls Club</i> )	<input type="radio"/> <sub>1</sub>
h. Music, Arts, or Dance programs ( <i>e.g., music lessons, ballet, art camps</i> )	<input type="radio"/> <sub>1</sub>

## SECTION G: KINDERGARTEN

	YES, At school	YES, At a Location Other than a School	NO, Did not attend a JK program
27. Did your child attend a junior kindergarten (JK) program before starting senior kindergarten (SK)?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

For each of the following statements, indicate your level of agreement	Strongly Agree	Agree	Disagree	Strongly Disagree
28. My child enjoys going to school	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
29. The kindergarten schedule meets the needs of <b>MY CHILD</b>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
30. The kindergarten schedule meets the needs of <b>OUR FAMILY</b>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
31. I feel my child is able to manage the school day	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
32. Overall, I am satisfied with the kindergarten program	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

33. How important was each of the following events or resources to your child starting school?	Very Important	Important	Somewhat Important	Not Important	Don't Know
a. Kindergarten Registration Package	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. Halton's Ready Set Go Calendar	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
c. Spring Kindergarten parent orientation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
d. Individual student kindergarten visit	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
e. Fall kindergarten gradual entry	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
f. Attending Even Start	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

	Never	Once or Twice	More Than Three Times
34. How many times since September 2005 have you:			
a. Attended a general school meeting? (Open house, school council meeting, kindergarten meeting)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Attended a parent-teacher conference?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. Attended a school or class event? (Halloween, holiday presentation)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Volunteered in the school?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

## SECTION H: YOU AND YOUR CHILD

35. In the <b>PAST 7 DAYS</b> , have you or someone close to your child done the following things with your child?	Everyday	Frequently (3-5 times)	Occasionally (1-2 times)	Not at all
a. Told or read him/her a story	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. Taught him/her simple math additions	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. Sang him/her songs or music	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. Worked on arts or crafts with him/her	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
e. Played a game, sport, or walked together	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
f. Took him/her along while doing errands like going to the post office, the bank or the grocery store	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
g. Worked on the sounds of letters	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
h. Taught him/her to count to 30	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
i. Visited the library	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
j. Helped him/her brush their teeth	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
k. Involved him/her in household chores like cooking, cleaning, setting the table, or caring for pets, gardening, raking the lawn	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

36. In the <b>PAST 7 DAYS</b> , how many hours did your child spend doing the following activities?	0 Hours	1-5 Hours	6-10 Hours	More than 10 Hours
a. Played outdoors	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
b. Used a computer	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
c. Watched educational television/movie	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
d. Watched other types of television or movies	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
e. Played video games (Game Cube, Game Boy, Playstation 2, etc.)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>
f. Watched television/movie together with an adult	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

## SECTION I: COMBINING WORK AND FAMILY

37. In a typical week, how many total hours (including overtime) did:	Not Currently Employed	Less than 10 hours	10-34 Hours	35-40 hours	More than 40 hours
a. You work for pay	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. Your partner work for pay? <i>Leave blank if you don't have a partner</i>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

  

38. Please indicate if your or your partner's workplace offers the following family supports:	Yes	No	Don't Know
a. Alternative work arrangements (e.g. flex-time, part-time positions, compressed work week, job-sharing, work-at-home)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Child care centre	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. Subsidized child care benefits – workplace pays a portion of your child care expenses.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Parenting courses or workshops offered at the workplace during work or lunch hours.	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. Parenting information (books, videos, brochures) that is available at the workplace	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

## SECTION J: YOUR NEIGHBOURHOOD

39. How many years have you lived at your current address?	Less than One Year	1-4 years	5-10 Years	More than 10 Years
	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>

  

40. In the past 12 months, how often have you participated in the following activities	At Least Once a Week	At Least Once a Month	At Least 3 or 4 Times a Year	At Least Once a Year	Not at All
a. Volunteer work including school groups, church groups, community or ethnic associations	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. Gone to a neighbourhood park with your child	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

  

41. Is there a public park or playground in your neighbourhood within walking distance (10 minute walk or less)?	Yes	No
	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>

  

42. Please indicate your level of agreement with each of the following statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
a. People in the neighbourhood get together to discuss community problems	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b. There are adults in the neighbourhood my child(ren) can look up to	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
c. People in my neighbourhood help each other	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
d. I can count on my neighbours to watch that children are safe and out of trouble	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
e. I feel my neighbourhood is a safe place to bring up children?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
f. When we are away, my neighbours look out for possible trouble	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>

## SECTION K: FAMILY SUPPORT

	YES	NO	
43. Prior to receiving this survey, have you heard anything about the Our Kids service Hubs in schools across Halton?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
44. Have you visited any of the Our Kids Hubs in schools across Halton?	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
45. In the past 12 months, have you and/or your family had any problems/difficulties accessing the following services ( <i>this could include things like not being able to get an appointment, not being able to pay the costs, wait lists were too long, didn't know how to find out about the services, etc.</i> )	YES	NO	I did not use this service in the past 12 months
a. Doctor (or other medical services)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Dental	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. Child care	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Mental Health services for your child	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. Special needs supports for your child	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
f. Early learning supports for your child	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
g. Speech and language services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
h. Hearing programs and services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
46. In the past 12 months, have you or someone in your immediate family NOT been able to get the services you need because of the following:	YES	NO	
a. Waiting list is too long	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
b. Couldn't afford the fee	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
c. Didn't know where to find the information about services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
d. Didn't know the services existed	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
e. No service near enough to where I live	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
f. No access to public transportation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
g. No internet access	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
h. Service time not flexible to meet your family needs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	
47. Where do you go to find out information about services for your family ( <i>mark all that apply</i> )			
a. Doctor	<input type="radio"/> <sub>1</sub>	e. Internet	<input type="radio"/> <sub>1</sub>
b. Library	<input type="radio"/> <sub>1</sub>	f. Local newspapers	<input type="radio"/> <sub>1</sub>
c. School	<input type="radio"/> <sub>1</sub>	g. Family, friends, neighbours	<input type="radio"/> <sub>1</sub>
d. Visitor Information Centre	<input type="radio"/> <sub>1</sub>	h. Other _____	

## SECTION L: BACKGROUND INFORMATION

To help us understand the families who are participating in this study, we would like to ask a few questions about yourself, your family and your household.

48. Are you the child's: **Mother** <sub>1</sub> **Father** <sub>2</sub> **Other (please specify)** <sub>3</sub> \_\_\_\_\_

49. What language do you speak most often at home? **English** <sub>1</sub> **French** <sub>2</sub> **Other (please specify)** <sub>3</sub> \_\_\_\_\_

50. What language does your child speak most often at home? <sub>1</sub> <sub>2</sub> <sub>3</sub> \_\_\_\_\_

51. What is your highest level of education? (*mark only one*)

Did not complete High School <sub>1</sub>  
 Completed High School <sub>2</sub>  
 College diploma or trades Certificate <sub>3</sub>  
 University undergraduate Degree <sub>4</sub>  
 University graduate Degree <sub>5</sub>

52. Does anyone in your household smoke? **Yes** <sub>1</sub> **No** <sub>2</sub>

53. Do you allow anyone to smoke in your home? <sub>1</sub> <sub>2</sub>

54. Does you allow anyone to smoke in your car? <sub>1</sub> <sub>2</sub> <sub>3</sub> I don't own a car

55. What is your current marital status **Single** <sub>1</sub> **Married** <sub>2</sub> **Common-Law** <sub>3</sub> **Separated** <sub>4</sub> **Divorced** <sub>5</sub> **Widowed** <sub>6</sub>

56. Which of the following best describes your family? **Single Parent** <sub>1</sub> **Two Parent** <sub>2</sub>

57. Have you ever attended a: **Yes** **No**

a. Pre-natal class for expectant parents <sub>1</sub> <sub>2</sub>

b. Class, workshop, program, or event meant to teach you about parenting or to help you in your role as a parent. <sub>1</sub> <sub>2</sub>

58. What is your total household income before taxes? **Less than \$30,000** <sub>1</sub> **\$30,001 to \$50,000** <sub>2</sub> **\$50,001 to \$75,000** <sub>3</sub> **\$75,001 to \$100,000** <sub>4</sub> **Greater Than \$100,000** <sub>5</sub>

59. What is your postal code? \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION!**