

# GRADS Program Survey

The Center on the Family is collecting information on programs providing services in the areas of family strengthening and child abuse and neglect prevention. As well as information on programs providing services to pregnant women and children. We appreciate your assistance with this survey. Please **fax (808-956-4147)** the completed form to us by **Monday March 4, 2002**.

Name of Program (e.g. Aiea GRADS) \_\_\_\_\_ Year Established \_\_\_\_\_

Name of Agency (e.g. Dept. Education) \_\_\_\_\_

Director or Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

1. Which best describes the services provided by your program? (Select all that apply)

- Family Support (relationships, resource management, training, etc.)
- Parenting Support (child development, discipline, etc.)
- Health Support (child or parent nutrition, disabilities, substance abuse, mental health, etc.)
- Early Care and Education Support (childcare, preschools, language/motor development, social/emotional development, etc.)
- Other (Describe) \_\_\_\_\_

2. Does your organization provide child neglect/abuse *prevention* services?  Yes  No

If yes please indicate the types of service you provide:

- Telephone consultation services or hotlines
- Home visitations (e.g. to provide emotional support, guidance toward positive parenting)
- Resource center for parents and family
- Educational training (e.g. parenting classes, early pre-natal training)
- Childcare (e.g. crisis nurseries, respite care)
- Other (Describe) \_\_\_\_\_

3. How many individuals (teens and infants) receive services from your program annually (give number based on 2000-2001 school years)? \_\_\_\_\_

4. Whom does your program serve? (Select all that apply)

- Children:  0-5 yrs  6-11 yrs  12-17 yrs
- pregnant teens  teen mothers  teen fathers  teen families

5. Approximately what **percent** of the total children/infants served are:

\_\_\_\_ % Immigrants      \_\_\_\_ % in foster care      \_\_\_\_ % special needs (physical, mental, or emotional)  
\_\_\_\_ % Hawaiian/Part-Hawaiian with special needs

Define the child/infant's special needs: \_\_\_\_\_

6. Approximately what **percent** of the total families (teen parent and child) served are:

\_\_\_\_ % Hawaiian/Part-Hawaiian  
\_\_\_\_ % Immigrants  
\_\_\_\_ % have teen/adult members with special needs (physical, mental, or emotional)  
\_\_\_\_ % have elderly members with disabilities

7. Do you keep a waiting list of individuals who want services, but cannot receive them?  Yes  No
- a. If yes, how many people are presently on your waiting list (teens and infants)? \_\_\_\_\_
- b. If no, about how many individuals have you been unable to accommodate in the last six months? \_\_\_\_\_
- c. To what services do you refer the wait list clients (teens and infants)? \_\_\_\_\_
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- d. What would it take for your program to accommodate all those (teens and infants) needing your services? \_\_\_\_\_
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1. Approximately what percent of those served by your agency are receiving financial subsidies (i.e., WIC, Food Stamps, Welfare, etc.)? \_\_\_\_\_ % of families served (teen parent and child)  
 \_\_\_\_\_ % of Hawaiian/part Hawaiian
2. Do you provide any services outside of the school (i.e. Teen homes)?  Yes  No  
 If yes specify the location? \_\_\_\_\_
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3. Can your program serve **more** individuals (teens and infants) with your present resources?  Yes  No  
 If yes, the reason for the under-utilization is due to: (Select all that apply.)
- lack of transportation among those needing services.
- location of the program.
- people haven't heard about us.
- Other: \_\_\_\_\_
4. How many GRADS staff do you have? \_\_\_\_\_
5. Among your GRADS service provider staff, please enter the **number** of individuals with the following degrees completed (record the highest degree):  
 \_\_\_\_\_ High school \_\_\_\_\_ Associate degree from a community college \_\_\_\_\_ Bachelor's degree \_\_\_\_\_ Master's degree or higher  
 \_\_\_\_\_ cultural specialist/kupuna \_\_\_\_\_ rich community experience
6. What is the number of years your current GRADS staff has been employed with your program? Number of staff employed for \_\_\_\_\_ Under 1 yr, \_\_\_\_\_ 1-2 yrs, \_\_\_\_\_ 3-4 yrs, \_\_\_\_\_ 5 yrs or more
7. Are there enough parenting support services to meet the need in your community?  
 Very adequate  Somewhat adequate  Somewhat inadequate  Very inadequate
8. How would you rate the overall quality of family strengthening and child abuse and neglect *prevention* resources in your community?  Excellent  Good  Average  Fair  Poor
9. Does your mission/vision include any Hawaiian values or cultural practices?  Yes  No  
 If yes, please describe the practice: \_\_\_\_\_
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10. What aspects of your program are you particularly proud of (i.e., cultural curriculum, program licenses or accreditation, staffing expertise, etc.). Please describe them here and if needed on the reverse side of the page.  
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