

# Learning Coalition Parent Skills Index

Date: \_\_\_\_\_

Name/Code: \_\_\_\_\_

Please answer the following questions to the best of your ability, reflecting your perception of where you are now:

How true are the following statements?	Not True	Mostly Not True	Somewhat True	Mostly True	Very True
1. I spend time helping my child learn new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I can work well with other adults involved with my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children can learn good behavior without being spanked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I set clear and reasonable limits with my children and follow through on those limits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I let my children practice making choices for themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I let my children make mistakes and learn from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I talk with my children about the dangers of substance abuse and other high- risk behaviors to help them make healthy choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My personal use of alcohol and drugs should have no effect on my child's ability learn and make normal progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. A child may believe separation from parents is the child's own fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Separation, grief and loss can keep a child from making normal progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I make sure I stay in regular contact with people who are providing services to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel confident in my ability to help my child grow and develop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When I need help with problems in my family, I am able to ask for help from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. When dealing with my child, I focus on the good things as well as the problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I take time to take care of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If I am worried or unhappy, I should be able to count on my child to make me feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My child would be safe around absolutely all the other adults I know or spend time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If my child has been placed out of my home, he/she may have problems adjusting to being returned to my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. If my child has been placed out of the home, I feel prepared to help him/her adjust and feel secure when he/she returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I follow through with what I say I will do regarding my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**21.** Which of the following are TRUE statements about using a Time Out when your child has done something wrong?

	TRUE	FALSE
Your children realize that you will pay more attention to them when they misbehave.	<input type="checkbox"/>	<input type="checkbox"/>
It gives both you and your child a chance to "cool off"	<input type="checkbox"/>	<input type="checkbox"/>
It is a form of punishment for your child and makes him think about how bad he's been.	<input type="checkbox"/>	<input type="checkbox"/>
It teaches your child the consequences of bad behavior.	<input type="checkbox"/>	<input type="checkbox"/>
It gives the parent time to think of other ways to prevent or solve the problem in the future.	<input type="checkbox"/>	<input type="checkbox"/>
It can be helpful to sit quietly with a young child in time out.	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ANSWER QUESTIONS #22, #23, #24, #25, #26 AND #27 REGARDING  
**CHILDREN AGE FIVE (5) YEARS OLD OR OVER**

How often do you;	Never	A little of the time	Some of the time	A good bit of the time	Most of the time
<b>22.</b> Help my child/youth understand what the family and house rules are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23.</b> Give positive attention for following the rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24.</b> Let my child/youth know what the consequences will be for breaking the rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25.</b> Follow through with consequences each time my child/youth breaks the rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26.</b> Listen to your child/children when your child/children want to talk to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27.</b> Share your thoughts and feelings with your child/children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ANSWER QUESTIONS #28, #29, #30 and #31 REGARDING  
**ALL OF YOUR CHILDREN**

How good do you feel about your ability:	Very poor	Not very good	So-so	Good	Very good
<b>28.</b> To teach your child right from wrong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>29.</b> To handle your child's negative behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>30.</b> To notice and support your child's positive behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not confident at all	A little confident	Somewhat confident	Very confident
<b>31.</b> How confident are you in your overall parenting skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU FOR COMPLETING THIS SURVEY!**