

Fatherhood Involvement Survey

(All information is strictly confidential)

1. Please indicate your availability to attend trainings/workshops?

Time/Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
9am - 11am						
10am - 12noon						
Afternoon						
12noon - 2pm						
1pm - 3pm						
Evening						
5pm - 7pm						
6pm - 8pm						

2. Please indicate the activities you would be interested in participating:

Library Trip	Breakfast	Field Day	Sports Events	Other
Building Projects	Dinner	Movie	Theater	

3. Please indicate the workshops or support groups you would be interested in attending:

Positive Parenting	Home Safety	Job Training
Counseling	CPR	Citizenship
Positive Mental Health	GED/ ESL	Finance & Budgeting
Stress Management	Computer Lab	Drug & Alcohol Counseling
Re Entry	Resume Writing	Child Support
Men's Health	Child Development	Other

Referrals may be made to some of the workshops listed above

4. What is your current employment status?

Full Time	Part Time	Temporary	Unemployed
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5. What are the barriers if any do you have in reaching your goals?

Education	Criminal Background	Citizenship Status	Non Custodial Father	Language
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6. What topics would you be interested in discussing?

7. What types of activities would you suggest for the Fatherhood Support Group?

8. What is your main concern for raising your children?

9. What is your main concern for striving to be a successful father?

10. What are some of your strengths you would like to share with us?

11. What are some of your weaknesses you would like to overcome?

Name: _____

Address:

Telephone Number: _____

Alternate Number:

Email: _____

How did you hear about this event?

Would you be interested in attending another forum? _____ yes _____ no