



Triple P Cabarrus Evaluation Manual

Dear Cabarrus Triple P Provider,

Thank you for partnering with the Cabarrus Health Alliance to demonstrate the impactful work you will be doing with families in Cabarrus County. Evaluation activities are a required part of being a Cabarrus Triple P Provider. Data collection tools not only provide useful information to the provider and caregiver during the intervention but also are mandated by the NC Department of Public Health for funding purposes. CHA was purposeful in selecting only the minimal number of tools and shortened versions in order to minimize the time needed for evaluation efforts. Please refer to the Memorandum of Agreement for a description of the evaluation commitment for your agency. Please contact Gina Hofert at gghofert@gmail.com or 704-953-5619 for questions regarding evaluation for Triple P Cabarrus or email TripleP@cabarrushealth.org.

Edited 11/4/2016

300 Mooresville Road - Kannapolis, NC 28081 - 704.920.1000 www.cabarrushealth.org

Triple P Cabarrus Evaluation Manual
Cabarrus Health Alliance
(CHA)
LEVEL 3
INDIVIDUAL DELIVERY FORMAT INTERVENTIONS

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2. Parenting Experience Survey-PRE (PES-PRE)
3. Parenting Experience Survey-POST (PES-POST)
4. Caregiver Satisfaction Questionnaire (CSQ)

*Electronic versions of these tools available at:

<http://www.cabarrushealth.org/268/Triple-P-Provider>

INSTRUCTIONS

Providers are asked to:

1. Collect and submit completed evaluation packets to CHA (quarterly)
2. Complete a self-report via a link sent by email (quarterly)

A completed Level 3 Primary Care evaluation packet consists of:

1. PES-PRE
2. PES-POST
3. CSQ

DATA COLLECTION PACKET FOR LEVEL 3 INDIVIDUAL FORMAT INTERVENTIONS

SESSION 1 (INITIAL SESSION):
<ul style="list-style-type: none">• Collect Parenting Experience Survey-PRE for each caregiver present
SESSION 4 (FINAL SESSION):
<ul style="list-style-type: none">• Collect Parenting Experience Survey-POST for each caregiver present• Collect Caregiver Satisfaction Questionnaire
SUBMIT TO CHA EACH QUARTER
<ol style="list-style-type: none">1. PES-PRE2. PES-POST3. CSQ

Submission of Data Collection Tools

Timeline

Completed evaluation packets must be submitted to Triple P Cabarrus for the corresponding reporting period on the following dates each year:

REPORTING PERIOD	DATA SUBMISSION DUE DATE
January 1-March 31	April 8
April 1 – June 30	July 8
July 1 – September 30	October 8
October 1 – December 31	January 8

1. Submission Due Date: **April 8** for interventions completed during **[January 1 – March 31]**
2. Submission Due Date: **July 8** for interventions completed during **[April 1 – June 30]**
3. Submission Due Date: **October 8** for interventions completed during **[July 1 – September 30]**
4. Submission Due Date: **January 8** for interventions completed during **[October 1 – December 31]**

NOTE:

- An email reminder will be sent to providers to submit evaluation packets for all Caregivers who have completed the intervention prior to the submission deadline.
- Providers may also choose to submit completed evaluation packets at any time prior to the submission deadline on an on-going basis if they prefer.
- Please submit any data collected even if the intervention was not completed

Method for Submission

- Scan/Email completed packets to Jenelle.Felton@cabarrushealth.org
- Fax to 704-920-1246
- Mail to Cabarrus Health Alliance

Attn: Jenelle Felton, Triple P

300 Mooresville Rd.

Kannapolis, NC 28081

PRE

Level 3
PARENTING EXPERIENCE PRE-SURVEY

Caregiver Name or Client ID: _____ Relationship to Child: _____

Date: _____

Provider and Agency Name: _____

Triple P Intervention Type (ex: Level 3 Stepping Stones 0-12): _____

Below are a list of issues relating to being a parent.

Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child’s behavior been over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

4. How supported have you felt in your role as a parent over the last 6 weeks?

Not at all	Slightly	Moderately	Very	Extremely
1	2	3	4	5

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POST

Level 3
PARENTING EXPERIENCE POST-SURVEY

Caregiver Name or Client ID: _____ Relationship to Child: _____
Date: _____
Provider and Agency Name: _____
Triple P Intervention Type (ex: Level 3 Stepping Stones 0-12): _____

Below are a list of issues relating to being a parent.
Please circle the number describing the response which best describes how you honestly feel.

1. In an overall sense, how difficult has your child’s behavior been over the last 6 weeks?

Not at all Slightly Moderately Very Extremely
1 2 3 4 5

2. To what extent do the following statements describe your experience as a parent in the last 6 weeks?

	Not at all	Slightly	Moderately	Very	Extremely
Parenting is rewarding	1	2	3	4	5
Parenting is demanding	1	2	3	4	5
Parenting is stressful	1	2	3	4	5
Parenting is fulfilling	1	2	3	4	5
Parenting is depressing	1	2	3	4	5

3. In the last 6 weeks, how confident have you felt to undertake your responsibilities as a parent?

Not at all Slightly Moderately Very Extremely
1 2 3 4 5

4. How supported have you felt in your role as a parent over the last 6 weeks?

Not at all Slightly Moderately Very Extremely
1 2 3 4 5

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TRIPLE P CABARRUS

CAREGIVER SATISFACTION QUESTIONNAIRE

Provider Name and Agency: _____

Triple P Level & Type: _____

Caregiver Name or Client ID: _____

Today's Date: _____

Relationship to Child: _____

INSTRUCTIONS

This questionnaire will help us to evaluate and continually improve the Triple P parenting program we offer. We are interested in your HONEST OPINIONS about the services you have received, whether they are positive or negative. Please answer all the questions by circling the response that best describes how you honestly feel.

1. How would you rate the quality of the Triple P parenting program you and your child received?

1 2 3 4 5 6 7
Poor Fair Good Excellent

2. Has the Triple P parenting program helped you to deal more effectively with your child's behavior?

1 2 3 4 5 6 7
No, it made things worse No, it hasn't helped much Yes, it has helped somewhat Yes, has helped a great deal

3. Has the Triple P parenting program helped you to deal more effectively with problems that arise in your family?

1 2 3 4 5 6 7
No, it made things worse No, it hasn't helped much Yes, it has helped somewhat Yes, has helped a great deal

4. If you were to seek help again, would you come back to Triple P parenting program?

1 2 3 4 5 6 7
No, definitely not No, I don't think so Yes, I think so Yes, definitely

5. In your opinion, how is your child's behavior at this point?

1 2 3 4 5 6 7
Considerably worse Worse Slightly worse The same Slightly improved Improved Greatly improved

6. Do you have any other comments about Triple P parenting program?

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