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| ***ETO Data Entry Instructions:*** *Families Program > Record TouchPoint > On Parent > Parent Involvement Interview* | | | | | | | | | | | | | | | | | | | |
| **Parent Name:** | |  | | | | | **Home Visitor:** | | |  | | | | | | | | | |
| **Child Name:** | |  | | | | | **Interview Date:** | | |  | | | | | | | | | |
| **ID/Case#:** | |  | | | | | ❑ **Pre** | | ❑ **Post** |  | | | | | | | | | |
| **🔾** Little Learners, Age 2 / **🔾** Year 1, Age 3 / **🔾** Year 2, Age 4 / **🔾** Year 3, Age 5 | | | | | | | | | | | | | | | | | | | |
| **Please ask the parent the following questions.** | | | | | | | | | | | | | | | | | | | |
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| 1. How many books do your children have? | | | |  | | |  | | | | | | | | | | | | |
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| 1. How many times have you or someone in your family read to your child in the past week? | | | | | | | | | | | | | | | | | | | |
|  | ❑ Not at all | | ❑ Once or twice | | ❑ 3 or more times | | | ❑ Everyday | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. About how many minutes each day did you or someone in your family read to him/her? | | | | | | | | | | | | | | | | | | | |
| (If the time varies, please answer the average time per day) | | | | | |  | | | | | | | Minutes | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. In the past month, have you or someone in your family visited a library with your child? | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. **When you or someone in your family read to your child, how often do you:** | | | | | | | | | **Never** | | | **Sometimes** | | | **Usually** | | | **Don't Know** | |
| * 1. Stop reading and ask your child to tell you what is in a picture? | | | | | | | | |  | | |  | | |  | | |  | |
| * 1. Stop reading and point out letters? | | | | | | | | |  | | |  | | |  | | |  | |
| * 1. Ask your child to read with you? | | | | | | | | |  | | |  | | |  | | |  | |
| * 1. Talk about the story when the book is done? | | | | | | | | |  | | |  | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. **In the past week how often did you or someone in your family:** | | | | | | | | | **Not at All** | | **Once or Twice** | | | **3 to 6 Times** | | **Every Day** | | | **Don’t Know** |
| * 1. Tell your child a story? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Teach your child words? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Teach your child letters? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Teach your child numbers? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Teach your child songs or music? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Do arts and crafts, for example coloring, painting, pasting, or using clay with your child? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Play sports, active games or exercise together? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Play a board game, card game or worked a puzzle with your child? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Play with your child with toys for building things like blocks, Tinker toys, Lincoln Logs or LEGOS? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Talk about nature, scientific discoveries or do a science project? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Do activities to help your child learn shapes? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Do activities with your child that involves making patterns (like using beads or blocks to demonstrate a pattern of colors or shapes)? | | | | | | | | |  | |  | | |  | |  | | |  |
| * 1. Do counting activities with your child like counting items or singing counting songs together? | | | | | | | | |  | |  | | |  | |  | | |  |

**Post Test Only**

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| --- | --- | --- | --- | --- | --- |
| **Check the best response for each item listed below.** | **Strongly Disagree** | **Disagree** | **Undecided** | **Agree** | **Strongly Agree** |
| 1. I read to my child more NOW than BEFORE participating in HIPPY. |  |  |  |  |  |
| 1. I talk with my child more NOW than BEFORE participating in HIPPY. |  |  |  |  |  |
| 1. How has your participation in HIPPY changed the way you interact with or spend time with your child? | | | | | |
|  | | | | | |
| 1. What else would you like to share? | | | | | |
|  | | | | | |