Please indicate the PAT program code(s)* to which this report refers:

*For Missouri DESE program, this is your school district code.

Name of program:

City, State:

Program supervisor name:

Date completed:

Telephone number:

Email address:

What is the best way to communicate with you?

[ ] Email  [ ] Regular mail  [ ] Newsletters  [ ] Phone  [ ] Fax

Note: This report refers to PAT Born to Learn™ programs who serve families with children ages prenatal to kindergarten entry.

I. CONTACT INFORMATION FOR THIS REPORT

1. Please indicate the PAT program code(s)* to which this report refers:

   *For Missouri DESE program, this is your school district code.

2. Name of program:

3. City, State:

4. Program supervisor name:

5. Date completed:

6. Telephone number:

7. Email address:

8. What is the best way to communicate with you?

   [ ] Email  [ ] Regular mail  [ ] Newsletters  [ ] Phone  [ ] Fax

The standard time period for this report is July 1, 2006 - June 30, 2007.
If your timeframe differs from this, please indicate the months for which you are reporting.

/ / 2006 to / / 2007

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II. SERVICE DELIVERY--CHILDREN

Please note these questions refer to children ages prenatal to kindergarten entry.

1. How many children received at least one PAT personal visit with the Born to Learn ™ Curriculum? ________________

2. Please indicate the ages of children to whom you provide PAT BTL™ services. Check "Yes" for all that apply and indicate the number in each age group that received at least one personal visit. (If numbers served are not available, please estimate.)

   Count each child only once! Report their ages at the time you fill out this report.

   a. Prenatal
      Yes       How many? ______
   b. Birth to 11 months
      Yes       How many? ______
   c. 1 year olds (12-23 months)
      Yes       How many? ______
   d. 2 year olds (24-35 months)
      Yes       How many? ______
   e. 3 year olds (36-47 months)
      Yes       How many? ______
   f. 4 year olds (48-59 months)
      Yes       How many? ______
   g. 5 year olds (60+ months)
      Yes       How many? ______

Please note these questions refer to families with children ages prenatal to kindergarten entry.

3. How many families did your PAT BTL™ program serve with at least one PAT personal visit? ________________

4. Please indicate the characteristics of families served by your PAT program who received at least one personal visit.

   Numbers may be duplicated. Check the "no tracking" box if your program does not track a characteristic. (Definitions of terms are provided in italics.)

   a. Teen parents (Parents under the age of 20 years, during the program year, with children P-5)
      ____________________________
   b. Child with disabilities
      (The child being served has a physical or mental impairment that substantially limits one or more major life activities.)
      ____________________________
   c. Parent with disabilities
      (A parent with a physical or mental impairment that substantially limits one or more major life activities.)
      ____________________________
   d. Low educational attainment
      (Parent did not complete high school or GED and is not enrolled.)
      ____________________________
   e. Low income
      (Families eligible for Free and Reduced Lunches, Public Housing, Child Care Subsidy, WIC, Food Stamps, TANF, Head Start/Early Head Start, and/or Medicaid)
      ____________________________
   f. Speakers of other languages / Limited English Proficiency (LEP)
      (Language other than English is the primary language spoken in the home.)
      ____________________________
   g. Single-parent household
      (Only one parent is present in the home.)
      ____________________________
   h. Chemical dependencies
      (The inability to stop drinking or taking drugs despite serious consequences.)
      ____________________________
   i. Foster parents, court-appointed legal guardians or adoptive parents
      (The child is placed with foster parents, court-appointed legal guardians or adoptive parents within the program year.)
      ____________________________
   j. Transient/numerous family relocations
      (Moves frequently; lacks a fixed, regular and/or adequate residence.)
      ____________________________
   k. Involvement with the corrections System
      (Incarcerated or probation-restricted parent.)
      ____________________________
   l. Low birth weight
      (Birth weight is under 2500 grams or 5.5 lbs., affecting the development of the child.)
      ____________________________
   m. Involvement with mental health or social services agencies
      (Child or parent is involved with mental health or social services agency.)
      ____________________________
   n. Relative who is the primary person in the parent support system
      (Grandparents, aunts, uncles, etc., who have the primary care of the child/children.)
      ____________________________
   o. Death in the immediate family
      (The death of the child, parent or sibling.)
      ____________________________
   p. Ongoing health problem of child, parent or sibling
      (Ongoing health problem serious enough to substantially limit one or more major life activities.)
      ____________________________
   q. Children with serious behavior concerns
      (Children exhibiting atypical behaviors for their age & developmental level.)
      ____________________________

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### 4 Family Characteristics (continued from page 2)

- **r** Referred to PAT program because of suspected child abuse
- **s** Multiple children under age (Three or more children under 3 years, or 4 or more children under kindergarten age)
- **t** Uninsured (Child in the home does not have health coverage)
- **u** Homeless or resided in a shelter for at least part of the year

<table>
<thead>
<tr>
<th>8a: Record the number of families served based on ethnicity.</th>
<th>8b: Of the families in each ethnic group, what number speak a language other than English in the home?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>European-American (White)</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
</tr>
<tr>
<td>Multi-Racial</td>
<td></td>
</tr>
<tr>
<td>Amer Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **9 a** Has your PAT program translated PAT materials for a population you serve?  
  - **Yes**  
  - **No**  
  - **b** If yes, into what languages?

- **10 a** Has your program adapted PAT materials to better serve a specific population?  
  - **Yes**  
  - **No**  
  - **b** If yes, for what populations?

### III. PERSONAL VISITS

1. **On average, how frequently does your program offer PAT BTL™ personal visits to families?**  
   (Do not include group meetings.)  
   - **Weekly**  
   - **Every 2 weeks**  
   - **Monthly**  
   - **Every 6 weeks**  
   - **Every other month**  
   - **Other (please specify):**

2. **On average, how frequently does your program offer PAT BTL™ personal visits to families with higher needs?**  
   (Do not include group meetings.)  
   - **Weekly**  
   - **Every 2 weeks**  
   - **Monthly**  
   - **Every 6 weeks**  
   - **Every other month**  
   - **Other (please specify):**  
   - **We do not offer personal visits to families with greater needs**
### III. PERSONAL VISITS (continued)

3 Indicate the number of families that received:

<table>
<thead>
<tr>
<th>a</th>
<th>between 1 and 5 PAT visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>between 6 and 9 PAT visits</td>
</tr>
<tr>
<td>c</td>
<td>between 10 and 12 PAT visits</td>
</tr>
<tr>
<td>d</td>
<td>between 13 and 19 PAT visits</td>
</tr>
<tr>
<td>e</td>
<td>20 or more PAT visits</td>
</tr>
<tr>
<td>f</td>
<td>TOTAL a through e:</td>
</tr>
</tbody>
</table>

**PAT Visits refer to Born to Learn™ Personal Visits**

This number should match the number of families from Section II, Question 3.

### IV. GROUP MEETINGS

1 Indicate the number of PAT group meetings that were:

<table>
<thead>
<tr>
<th>a</th>
<th>Exclusively parent-child activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>Exclusively parent meetings</td>
</tr>
<tr>
<td>c</td>
<td>Other types of group meetings</td>
</tr>
<tr>
<td>d</td>
<td>TOTAL of items a through c</td>
</tr>
</tbody>
</table>

2 Indicate the number of PAT families that received at least one personal visit AND attended at least one group meeting.

### V. SCREENING

1 How many PAT children who received at least 1 personal visit were age-eligible for screening this program year? (Do not count children who were served prenatally or who were younger than the age of eligibility for screening.)

2 Please indicate the number of PAT children who received at least one personal visit AND for whom any health / developmental screenings were completed.

3 Please indicate the number of PAT children screened this program year who were identified with possible health and/or developmental problems.

3a Please indicate the number of PAT children screened this program year identified with possible health and/or developmental problems.

3b Of the number in 3a, please indicate the number of PAT children screened this program year with indicated delays / problems in the area of development.

3c Of the number in 3a, please indicate the number of PAT children screened this program year with indicated delays / problems in the area of vision.

3d Of the number in 3a, please indicate the number of PAT children screened this program year with indicated delays / problems in the area of hearing.

3e Of the number in 3a, please indicate the number of PAT children screened this program year with indicated delays / problems in the area of physical health.

3f Of the number in 3a, please indicate the number of PAT children screened this program year with indicated delays / problems in the area of social-emotional (mental health).

4 Please indicate the number of PAT children referred for further evaluation.

5 Please indicate the number of PAT children who received follow-up services (further assessment or intervention such as OT, PT, speech/language therapy, etc.) as a result of the referral.
V. SCREENING (continued)

6 Number of children screened (any health / developmental screening) by your
PAT program who did NOT receive any personal visits this program year………………………………………………………………………………………………………………………….

7 Which screening instruments does your program use? (Check all that apply)

☐ Ages and Stages Questionnaire (ASQ)  ☐ Battelle  ☐ Brigance  ☐ Denver II  ☐ Dial-3
☐ Early Screening Inventory-Revised  ☐ First STEP: Screening Test for Preschoolers
☐ ASQ: Social-Emotional

8 What method(s) does your program use for hearing screenings?

☐ Audiometry  ☐ Hear Kit  ☐ Otoacoustic Emissions

9 What method(s) does your program use for vision screenings?

☐ Functional Vision Screen  ☐ Photoscreener™  ☐ SureSight™

10 Which screening services does your program contract out?

☐ None  ☐ Developmental  ☐ Hearing  ☐ Vision  ☐ Physical Health
☐ Social-Emotional  ☐ Other (please specify): _____________________________________________

11 Please indicate the percentage of 2-year-old children who were fully immunized by the end of the program year. __________ %

VI. RESOURCE NETWORK

Question 1 asks about the resources to which families (who received at least one personal visit) have been linked this program year. Include those families in section V, question 4, whose children were referred because of possible health / developmental problems. A linkage to a community resource may include providing information from a resource network directory, helping families overcome barriers to accessing services, or connecting families directly to services.

1 Number of PAT families that were linked by PAT to one or more community resources during the program year:__________________________________________

2a Does your state have a children's health insurance program?................................. ☐ Yes  ☐ No

2b If yes, does your program consistently refer families without children's health insurance to your state children's health insurance programs?............... ☐ Yes  ☐ No

3a Does your program track the number of families that it has referred to the children's health insurance program in your state?................................. ☐ Yes  ☐ No

3b If yes, how many families did your program link to the children's health insurance program in your state?............................................................... __________________________________________

4 Please indicate the number of families that your PAT program referred to the appropriate social service agency because of suspected child abuse or neglect........ __________

VII. RECRUITMENT AND RETENTION OF FAMILIES

1 Indicate the number of families that are typically on your PAT waiting list. __________ ☐ We do not have a waiting list

2 Indicate the services that these families can receive while on the waiting list.

☐ None  ☐ N/A  ☐ Newsletters  ☐ Screenings
☐ Invited to group meetings / play groups  ☐ Other (please specify): ___________________________________________
VII. RECRUITMENT AND RETENTION OF FAMILIES (continued)

3 What is the average wait time for families on your waiting list?

<table>
<thead>
<tr>
<th>Time (weeks)</th>
<th>Number of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td></td>
</tr>
<tr>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>3 weeks</td>
<td></td>
</tr>
<tr>
<td>4 weeks</td>
<td></td>
</tr>
<tr>
<td>5 weeks</td>
<td></td>
</tr>
<tr>
<td>6 weeks</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

4 How many families have been newly enrolled in your program this year?.........................

(Since July 1, 2006 or the beginning of your timeframe for this report.)

5 How many families that had already received at least one personal visit this program year left your program because:

a the child was too old to participate or the family completed the service cycle..........................

b the child / family moved out of the service area..........................................................

c family regularly missed scheduled personal visits.........................................................

d family could not be located..........................................................................................

e they were dissatisfied with Parents as Teachers.............................................................

f left program for other reasons / unknown..........................................................................

g TOTAL number of families that left this program year (add a-f)..........................................

6a Does your PAT model use specific criteria (other than age of child or geographic location) to determine who receives services?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, for all families</td>
<td></td>
</tr>
<tr>
<td>Yes, for some families</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

6b If yes, please specify how your PAT model determines who receives services (check all that apply):

- Income-based criteria
- Children with special needs
- Parents with mental health or substance abuse issues
- Teen parents
- Literacy needs
- English as a second language
- High risk / at risk families
- Other (please specify):

VIII. PROGRAM MANAGEMENT / PROFESSIONAL DEVELOPMENT

1 Supervisor Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
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<td>European-American (White)</td>
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<td>Hispanic / Latino</td>
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<tr>
<td>Multi-Racial</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

2 Please indicate the highest educational level achieved for currently employed PAT Supervisors.

<table>
<thead>
<tr>
<th>Level</th>
<th># of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than Associates</td>
<td>Associates</td>
</tr>
</tbody>
</table>

3 Do you own the 2005 edition of the Supervisor’s Manual and Program Administration Guide?.......................... Yes No

(This guide was released in May 2005. Information about the guide and how to order it can be found at www.ParentsAsTeachers.org.)

4 How many copies of the 2005 edition of the Prenatal to 3 years Born to Learn ™ Curriculum does your program own?

5a Have your supervisors attended a Parents as Teachers supervision training?

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Number of Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, all supervisors have attended</td>
<td></td>
</tr>
<tr>
<td>Yes, some supervisors have attended</td>
<td></td>
</tr>
<tr>
<td>No supervisors have attended</td>
<td></td>
</tr>
</tbody>
</table>

5b If yes, which trainings have they attended? Please check all that apply.

- Introduction to Supervision Training (2 days or 5 days of BTL institute)
- Advanced Supervision Training
VIII. PROGRAM MANAGEMENT / PROFESSIONAL DEVELOPMENT (continued)

6 Do you own A Closer Look, The PAT Standards and Self-Assessment Guide? ............................................ Yes  No
(Information about the PAT quality standards, the self-assessment guide, and how to order it can be found at www.ParentsAsTeachers.org.)

7a Do you plan to complete the program self-assessment process using the PAT standards within the next 2 years?
   Yes  No  Our program has recently completed the self-assessment process

7b If yes, when do you plan to begin?
   Before January 2008  Between January and July 2008  July 2008 or later

IX. PROGRAM INFORMATION & DESIGN

1 Sponsoring organization for your PAT services (check all that apply):
   School System  Private / Public Non-Profit  Community Action Agency
   Family Resource Center  Hospital or Medical Facility  Social Service Agency
   Government Agency  Health Department  University / Extension
   Child Care Center  Tribal Government/BIA  Early Intervention/Part C
   Migrant Program  Other Sponsor (please specify):

2 Which early childhood home visitation models or family support systems are your PAT services part of or blended/braided with?
   Meld  Healthy Families America  Parent-Child Home Program (PCHP)
   Even Start  HIPPY  Olds' Nurse-Family Partnership
   Head Start  Early Head Start  Help me Grow
   Smart Start  First Five  Success by Six
   State School Readiness Initiative  State Pre-K Initiative  Other (please specify):

3a Did your program provide any services to children or families (whether PAT or non-PAT) who had been impacted by a natural disaster (such as earthquake, hurricane, flood, etc.)?
   Yes  No

3b If yes, please estimate the number of families and children impacted by the disaster to whom you provided services: ______ families ______ children

4 Which additional services does your sponsoring organization provide to PAT families?
   No additional services provided  Visits to Care Providers  Case Management
   Health Services  Family Literacy
   Child Care Program  Other (please specify):

5 What age children receive PAT services in your PAT model (check only one):
   Primarily 0-3  Primarily 3-5  Primarily 2-5  Primarily 0-5

6 Please use the general guidelines listed below to define the communities your PAT model serves (check all that apply):
   Rural (A geographic area with a population of less than 2,500.)
   Small town (A geographic area with a population of between 2,500 and 25,000.)
   Suburban (An identifiable community which is part of a larger urban area.)
   Urban (Densely settled areas containing at least 50,000 people.)
   Major city (Total population of 500,000+ people.)

7 Please indicate the number of months per year that your PAT model operates.
   8 months  9 months  10 months  11 months  12 months

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IX. PROGRAM INFORMATION & DESIGN (continued)

8a Does your program receive public funds? ................. [ ] Yes [ ] No [ ] Don't know

8b If yes, please indicate from which source and if the source is primary or secondary.

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Temporary Assistance to Needy Families (TANF)
Title One
Head Start
Early Head Start
Even Start
Parental Information Resource Center (PIRC)
Local School District*
Title V Community Prevention
Promoting Safe and Stable Families
Medicaid
Early Intervention Program for Infants and Toddlers with Disabilities IDEA (part C)
21st Century Community Learning Centers
State Department of Health
State Department of Social Services
State Children's Trust Fund
Other (please specify):

A primary funding source supplies more than 50% of the funds used to support your PAT services. A secondary funding source supplies less than 50%.

*Local school district refers to funding that is provided by the local school district (i.e., from their budget) to implement your PAT program. This could include Title I funds that your local school district is able to use at their discretion.

**State Department of Education refers to funding that is provided through a grant or other mechanism.

9a Does your program receive private funds? ............. [ ] Yes [ ] No [ ] Don't know

9b If yes, please complete the following:

<table>
<thead>
<tr>
<th>Donor Type</th>
<th>$ Amount</th>
<th>Percentage of Overall Budget</th>
<th>Renewable?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>Corporations</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>Agencies (UW, Catholic Charities, etc.)</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>Individuals</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>Events</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>In-Kind (office space, printing, accounting, etc.)</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>$</td>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

9c Please estimate the average program cost per family (what it costs to provide "full services" to one of your PAT families) $ ____________

9d Does your program charge fees for service? [ ] Yes [ ] No

10a Does your program use volunteers to serve PAT families? [ ] Yes [ ] No

10b Does your program use volunteers in other ways (such as general program support)? [ ] Yes [ ] No

11 PAT Staff Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Parent Educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>European-American (White)</td>
<td></td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td></td>
</tr>
<tr>
<td>Multi-Racial</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL ____________________________

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IX. PROGRAM INFORMATION & DESIGN (continued)

12 What is the average hourly rate of pay for parent educators in your program? .................. $ __________________ per hour

13 Please indicate the highest level of education achieved for currently employed PAT PEs (parent educators).

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Full-time PEs</th>
<th>Part-time PEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beyond Masters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| TOTAL              | | (Full-time=30+hrs/wk; Part-time=<30 hrs/wk.)

This number should be the total number of FULL-time PAT parent educators.

This number should be the total number of PART-time PAT parent educators.

14a How many of your PAT parent educators are bilingual? .................................................................

14b How many of your PAT parent educators speak Spanish fluently? ...........................................................

14c What languages other than Spanish and English do your bilingual parent educators speak?

15a On average, how many personal visits does one full-time PAT parent educator deliver in one month? ..............

15b On average, how many personal visits does one part-time PAT parent educator deliver in one month? .................

16 What other curricula do your program's parent educators use in addition to the Born to Learn™ curricula?

- None
- PAT SCPV (Supporting Care Providers)
- Early Childhood Center-Based
- Health
- PAT Issues in Working with Teen Parents
- PAT High 5 Low Fat
- Prenatal Curriculum
- PAT Supporting Families of Children with Special Needs
- Other (please specify): __________________________

X. PROGRAM EVALUATION

1 Does your program gather feedback on participant satisfaction annually? .............................................. [ ] Yes [ ] No

2a Has your PAT program recently conducted or participated in an evaluation or research study that summarizes outcomes / results for children and families? ......................................................

[ ] Yes, we did it ourselves [ ] Yes, we worked with an external evaluator [ ] No, not yet

2b If your program worked with an external evaluator, please indicate the following information:

- Name of research study: __________________________
- Person(s) conducting study: ________________________
- Contact information: ______________________________
- Date evaluation completed: _________________________
- Description of evaluation: __________________________

3 You may enclose recent summary reports (optional). If you choose to do so, please indicate if these summary reports are:

[ ] PAT research study overviews or reports
[ ] Letters of support from parents
[ ] Success stories with a particular focus on how PAT has produced changes in parental behavior and child development

XI. COMPUTER ACCESS

1 What operating system does your computer* use?

- No computer available
- Don't know
- Macintosh OS
- Windows NT, 2000 or XP
- Windows 95, 98 or ME
- Other (please specify): ____________________________
XI. COMPUTER ACCESS (continued)

2 How do you connect to the Internet on this computer*?

☐ No Internet connection available ☐ Don’t know ☐ High-speed connection ☐ Dial-up

3 Where do you connect to the Internet on this computer*?

☐ No computer available ☐ From your office ☐ From your home ☐ From a library
☐ Other (please specify): ________________________________

☐ No Internet connection available ☐ Daily ☐ Weekly ☐ Monthly
☐ Other (please specify): ________________________________

*Computer that can be used for PAT-related data and information management activities.

XII. EVALUATION OF THE 2006-2007 ANNUAL PROGRAM REPORT FORM

1 The 2006-2007 Annual Program Report was easy to complete. [ ] Yes [ ] Somewhat [ ] No

2 The instructions and FAQ’s for the 2006-2007 program report were easy to understand and provided the necessary information to complete the report. [ ] Yes [ ] Somewhat [ ] No

3 The information we collect and summarize for this program report is useful to our program. [ ] Yes [ ] Somewhat [ ] No

4 How did your program collect and summarize the data for this report?

☐ PATsim (Parents as Teachers Service Information Management) ☐ By hand ☐ State or regional level database
☐ Visit Tracker ☐ PAT Net ☐ Datatude ☐ PAWS ☐ PAT DataTracker
☐ Other (please specify): ________________________________

XIII. EVALUATION OF THE NATIONAL CENTER

At Parents as Teachers National Center, we are constantly striving to improve our products and services. Please take a few moments and let us know how we are meeting your needs.

1. For the following statements, please rate your experiences with the National Center.

   a. Overall, I am very satisfied with the service I receive from Parents as Teachers National Center.
   [ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

   b. The National Center staff exhibit a high level of professionalism.
   [ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

   c. The National Center staff is knowledgeable.
   [ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

   d. It is easy to receive answers to my questions.
   [ ] Strongly Agree [ ] Agree [ ] Neutral [ ] Disagree [ ] Strongly Disagree

2. Please describe what types of technical assistance you would most like to receive from the National Center.

3. Please provide any additional comments or suggestions you have about how the National Center could better serve you. Please note that these comments give us general feedback on how we can improve. If you have specific concerns that need to be addressed immediately, please call us at 314.432.4330. Thank you for your time and consideration.