

**Casey Life Skills Parenting Young Children
Assessment Supplement
(Version 1.1)**

Instructions: These items ask you about what you know and can do when you are parenting a young child. Please use the scroll bar on the right side of each page to make sure that all items are answered. Try to answer all of the items.

Demographics

1. I am: Male Female

2. My current age (years): _____

3. My grade in school:

- | | |
|---|--|
| <input type="radio"/> 1 st grade | <input type="radio"/> 9 th grade |
| <input type="radio"/> 2 nd grade | <input type="radio"/> 10 th grade |
| <input type="radio"/> 3 rd grade | <input type="radio"/> 11 th grade |
| <input type="radio"/> 4 th grade | <input type="radio"/> 12 th grade |
| <input type="radio"/> 5 th grade | <input type="radio"/> Trade school |
| <input type="radio"/> 6 th grade | <input type="radio"/> In college |
| <input type="radio"/> 7 th grade | <input type="radio"/> Not in school |
| <input type="radio"/> 8 th grade | <input type="radio"/> Other |

4. My race/ethnicity? (Please choose all that apply)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

5. My primary race/ethnicity? (Please choose one)

- | | |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian | <input type="radio"/> Native Hawaiian |
| <input type="radio"/> Black, African-American | <input type="radio"/> Other Asian |
| <input type="radio"/> Chinese | <input type="radio"/> Other Pacific Islander |
| <input type="radio"/> Filipino | <input type="radio"/> Other Race: _____ |
| <input type="radio"/> Guamanian or Chamorro | <input type="radio"/> Samoan |
| <input type="radio"/> Hispanic/Latino/Spanish | <input type="radio"/> Vietnamese |
| <input type="radio"/> Japanese | <input type="radio"/> White |

6. If you are American Indian, Native American, or Alaska Native, please write the name of your Tribal or Community Affiliation on the line below.

7. **Postal (zip) code of your home address (for research purposes):** _____

8. **Which answer best describes your current living situation:**

- On my own (alone or shared housing)
- With my birth (biological) parents
- With my birth (biological) mother or father
- With my adoptive parent(s)
- With my foster parent(s) who is/are unrelated to me
- With relatives (not foster care)
- With relatives who are also my foster parents
- In a group home or residential facility
- In a juvenile detention or corrections facility
- With a friend's family (not foster care)
- At a shelter or emergency housing
- With my spouse, or partner, or boyfriend or girlfriend
- Other

9. **How many years have you been in this living situation?** _____

10. **I have a Social Security number:**

- Yes
- No

11. **I have a copy of my birth certificate:**

- Yes
- No

12. **I have a photo ID:**

- Yes
- No

13. **When completing this assessment, I am at the following location:**

- Employment or vocational agency
- Youth/family community service agency
- School library, classroom, or computer room
- Public Library
- Foster care agency
- Recreation facility (like YMCA, Boys/Girls Club)
- Where I live
- University
- Church, synagogue, temple, mosque or religious facility
- Juvenile detention or correction facility

Choose the response (1, 2 or 3) that best describes you:

	Not Like Me	Somewhat Like Me	Very Much Like Me
Health			
1. I make sure my child gets the right shots on schedule.	1	2	3
2. I make sure my child sees a doctor or nurse on a regular basis.	1	2	3
3. If I miss an appointment, I know how to call and schedule another appointment.	1	2	3
4. I understand what my doctor or nurse tells me to do.	1	2	3
5. I ask questions of my child's doctor when I don't understand his or her instructions.	1	2	3
6. I know when my child should start having dental appointments.	1	2	3
7. I know how often my child should see a dentist.	1	2	3
8. I know how to get my child's vision checked.	1	2	3
9. I know how to get my child's hearing checked.	1	2	3
10. I know when to call 9-1-1 if my child is sick or in danger.	1	2	3
11. I know what to do if my child gets sick.	1	2	3
12. I can use a thermometer to take my child's temperature.	1	2	3
13. I know what a safe body temperature is for my child.	1	2	3
14. I listen to my friends' advice more than my doctor's advice about my child's health.	3	2	1
Nurturing			
1. I know how to comfort my child.	1	2	3
2. I know that children need daily attention and love.	1	2	3
3. I expect my child to always be well-behaved.	3	2	1
4. I talk with my child even when I'm tired.	1	2	3
5. I have a daily routine for my child.	1	2	3
6. I understand why it's not OK to hit, shake or pull on my child.	1	2	3
7. I expect love from my child.	3	2	1
8. I know how important it is to attend to my child's needs every day.	1	2	3

9. I know how important it is to hug my child every day.			
Nutrition			
1. I give my child healthy foods every day.	1	2	3
2. I know my child's eating habits and favorite foods.	1	2	3
3. I give my child the right amount of food every day – not too much and not too little.	1	2	3
4. I feed my child fast food a lot.	3	2	1
Child Care			
5. I know how to choose good child care for my child.	1	2	3
6. I think it's OK to leave my child alone for several hours during the day while I take care of my business.	3	2	1
7. I know how to keep my child safe.	1	2	3
8. I know what clothing and food to bring to my child's babysitter or child care.	1	2	3
9. I have an emergency child care plan if I am not able to take care of my child.	1	2	3
Safety and Well-Being			
1. I make sure my child gets at least 8 hours of sleep at night.	1	2	3
2. I have put unsafe and dangerous items where my child cannot reach them.	1	2	3
3. I know how to safely install a car seat for a child.	1	2	3
4. I know how to safely secure a child in a car seat.	1	2	3
5. I ensure that my child's home is free from violence.	1	2	3
6. I make sure my child is supervised in and around water.	1	2	3
7. I smoke cigarettes when I'm in the same room as my child.	3	2	1
8. I know how to perform CPR on a child.			
9. I keep our living space clean.	1	2	3
10. I know how to wash my child's clothing.	1	2	3
11. I think it's OK to leave a child in a car alone, even for only a few minutes.	3	2	1
12. I make sure my child is dressed to be comfortable whether it's cold or hot outside.	1	2	3
13. I leave my child with strangers.	3	2	1
14. I can explain why it's not OK to use illegal drugs around a child.	1	2	3

15. I know how to get help if I or my child is in danger.	1	2	3
16. I know how to find shelter or safety in an emergency.	1	2	3
Child Growth and Development			
1. I read to my child every day.	1	2	3
2. I let my child watch 4 or more hours of TV on most days	3	2	1
3. I have books and toys that are appropriate for my child.	1	2	3
4. I make time to play with my child every day.	1	2	3
5. I let my child make some choices to help develop thinking skills.	1	2	3
6. I set clear limits for my child.	1	2	3
7. I can explain why it is not OK to hit a child.	1	2	3
8. I know the age most children start to read.	1	2	3
9. I make sure my child gets to school or day care on time.	1	2	3
10. I know how my child is doing in school or day care.	1	2	3
11. I know the age most children start to make friends with other children.	1	2	3
Goals			
1. I know how to budget to buy the things my child needs.	1	2	3
2. I understand how a good education helps me be a good parent.	1	2	3
3. I understand why talking, hugging, listening and paying attention to my child every day is important for both my child and me.	1	2	3
4. I can explain why a good education is important for my child.	1	2	3
5. I help my child with homework.	1	2	3

Assessment Evaluation

1. **Not counting today, how many times have you taken an ACLSA assessment?** _____

2. **I filled out this assessment (please mark all that apply):**
 - With an adult
 - By myself
 - With a friend

3. **How did you like this assessment?**
 - I liked it
 - It was OK
 - I didn't like it

Additional Questions

This section is for use with questions provided by your school, agency or caregiver. If no questions have been provided, please stop here. Thank you.

	A	B	C	D	E
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