



## TEEN CERT Pre-Academy Parent Survey

Dear Parent or Guardian:

Thank you for your interest in the TEEN CERT program! We are confident that the TEEN CERT program will provide your child with valuable life-skills and a strong sense of community. However, in presenting the TEEN CERT program we also want to ensure that we meet your expectations. The purpose of this survey is to determine how you hope the TEEN CERT program will benefit your child. It will only take a few minutes to fill out this survey and your responses are strictly confidential.

**Please read each statement and give your opinion using the scale provided.**

**Section 1: Overall Expectations of the TEEN CERT Program**

<b><i>I expect the TEEN CERT program will:</i></b>	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
...increase my child's ability to help <u>him or herself</u> in an emergency or disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's ability to help <u>others</u> in an emergency or disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's awareness of potential hazards in the home and community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's overall confidence in him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's sense of responsibility to our family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's confidence in his or her ability to give first aid.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's sense of citizenship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's understanding of the roles fire, police, and EMS personnel play in our community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's interest in school activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's ability to work as a member of a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's level of safety consciousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...increase my child's ability to <u>safely</u> extinguish small fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...decrease the likelihood that my child will engage in risky behaviors (e.g., use of illegal substances; careless driving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 2: Specific Skills**

In this section we are interested in knowing what specific skills you hope your child will develop during the TEEN CERT program. **Please check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Basic First Aid  | <input type="checkbox"/> Recognition of Hazardous Conditions and Materials |
| <input type="checkbox"/> CPR  | <input type="checkbox"/> Safe Utility Shut Off (in disaster situations)    |
| <input type="checkbox"/> Use of an AED  | <input type="checkbox"/> Light Search and Rescue                           |
| <input type="checkbox"/> Development of Family Emergency Plan                           | <input type="checkbox"/> Decision Making in Emergency Situations           |
| <input type="checkbox"/> Development of Family Emergency Kit (e.g., emergency supplies) | <input type="checkbox"/> Teamwork  |
| <input type="checkbox"/> Fire Prevention  | <input type="checkbox"/> Other _____                                       |
| <input type="checkbox"/> Fire Suppression (including safety rules)                      | <input type="checkbox"/> Other _____                                       |

**Section 3: Additional Comments**

We welcome your comments! Please provide us with any additional comments you have regarding the TEEN CERT program.

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**Section 4: Background Information**

My child:

Age: \_\_\_\_\_ Rather not say \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Rather not say \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Rather not say \_\_\_\_\_

Curriculum: College Prep \_\_\_\_\_ Vocational \_\_\_\_\_ Rather not say \_\_\_\_\_

Do you drive? Yes \_\_\_\_\_ No \_\_\_\_\_ Rather not say \_\_\_\_\_

Do you own a car? Yes \_\_\_\_\_ No \_\_\_\_\_ Rather not say \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_ Rather not say \_\_\_\_\_



***Thank you!***