



## **Raising Riley Parent Education Interest Survey**

1) Name

2) Email

3) Phone Number

4) Age of your child/children

5) How would you prefer to be contacted as parent education programs become available? (select all that apply)

Email

Phone

U.S. Mail

Other (please specify)

6) Please tell us what topics you would be interested in learning more about (select all that apply)

Addressing children's behavior issues

Infant Massage

Bonding with Baby

Infant Nutrition-Homemade baby food

Breastfeeding 101

Social and emotional development of children

Age-appropriate activities

Dealing with bullies

Managing anger in family life  
Grand parenting-Raising your grandchildren  
Parenting after separation and divorce  
Balancing family and work life  
Healthy grocery shopping on a family budget  
Ways to get your child to eat healthy food  
Fostering self-esteem  
Helping your child cope with stress/trauma  
Setting limits  
Building independence  
Learning to talk  
Establishing routines  
Learning through play  
Parenting styles and decision making  
Single parenting  
Encouraging emotional growth  
Using technology wisely  
Conscious discipline  
Child Development: the basics

Other (please specify)

7) In what ways would you like to learn about parenting information? (select all that apply)

Parenting workshop  
Webinar/Online Training  
Home Visit

Other (please specify)

8) If you would like to attend a parent workshop, what days' work best for you? (select all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

9) If you would like to attend a parent workshop, what times work best for you? (select all that apply)

Morning

Afternoon

Evening

Other (please specify)

10) If you attend a parent workshop would you need childcare? (select all that apply)

Yes

No

11) What other services, programs, or resources do you feel would be helpful for your family?