



Family Reconnect Program – Parent/Caregiver Self Evaluation

Name: _____ Date: _____

Circle an answer to the right of each statement that tells how often each item is done.				
	1	2	3	4
1. I clearly communicate my expectations to my youth	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
2. I set rules for my youth to follow	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
3. I let my youth know what the consequences are for breaking rules	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
4. I explain the reasons for family and house rules so my youth understands them	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
5. I follow up to see if my youth fulfills responsibilities	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
6. When my youth follows rules or fulfills responsibilities, I give him/her encouragement or praise	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
7. I show and tell my youth I love and respect them	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
8. Before reacting how often do you stop and think about your youth's perspective and how your youth might be feeling	A Little of the Time	Some of the Time	A lot of the time	Most of the Time
9. When my youth is unhappy or has a problem, I listen and try to be supportive	A Little of the Time	Some of the Time	A lot of the time	Most of the Time



Circle an answer to the right of each statement that tells how often each item is done.

10. We spend fun time together as a family	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
11. I discuss my youth's goals and dreams with him/her	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
12. I ask my youth what he/she thinks before making decisions that affect them	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
13. When our family has a problem everyone in the family has input into the situation	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
14. I access other supports in my community (family members, peer support, church etc)	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
15. I use alcohol and/or drugs	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
16. I can tell when I am starting to feel stress	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
17. I am satisfied with the direction my life is going	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
18. I am able to do the things I need to do to care for myself on a daily basis	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
19. My youth will come to me to talk about problems they are having	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time
20. I use positive ways to help me feel better when I am under stress	1 A Little of the Time	2 Some of the Time	3 A lot of the time	4 Most of the Time