

## PARENTAL SURVEY MCKAY'S LEGACY SCHOOL SAFETY PROGRAM



**Please check the following that apply for YOUR CHILD:**

Male       Female  
 White       Hispanic       African American       Other

Please circle the number of your answer.

How was your child's reaction to each of the feelings below after the McKay's Legacy School Safety Program?	<u>Did not Feel</u> 1	<u>Felt a Little</u> 2	<u>No Change</u> 3	<u>Felt More</u> 4	<u>Felt Very</u> 5
Safe	1	2	3	4	5
Careful	1	2	3	4	5
Upset	1	2	3	4	5
Comfortable	1	2	3	4	5
Scared	1	2	3	4	5
Indicate how afraid you believe your child to be of the following:	<u>Much Less Afraid</u> 1	<u>Less Afraid</u> 2	<u>No Change</u> 3	<u>More Afraid</u> 4	<u>Much More Afraid</u> 5
Women Strangers	1	2	3	4	5
Men Strangers	1	2	3	4	5
Other Children	1	2	3	4	5
Leaving the House	1	2	3	4	5
Going to School	1	2	3	4	5
Going to Sleep	1	2	3	4	5

3. Do you believe your child understands the difference between strangers who are good persons and strangers who are bad persons? Please circle one:

Yes                      No

4. Do you believe your child understands the difference between a good touch and a bad touch?                      Yes                      No

5. How do you explain to your child the difference between a good stranger and a bad stranger? (*You may write on the back of this sheet*). **THANK YOU FOR YOUR HELP!!**

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