**DOMAIN:** Program Quality

**OUTCOME:** Caregiver-reported program quality

**MEASURE:** Caregiver Experiences of Program Quality (CEPQ)

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| These statements are about your experiences with the mentoring program in which your youth participates. For each statement, choose the one answer that best describes your experience. For the last item, if your child’s mentoring relationship is still ongoing, please check, “Not Applicable.” |
|  | Yes | No | Not Applicable |
| 1. I completed an application to enroll my child in the mentoring program.
 | □1 | □0 |  |
| 1. I agreed in writing to the terms of my child’s mentoring relationship before it started (for example, how often they would meet).
 | □1 | □0 |  |
| 1. I received an orientation to the program from a staff person when my child started the program.
 | □1 | □0 |  |
| 1. Program staff shared clear expectations for my involvement in the program.
 | □1 | □0 |  |
| 1. I attended a training or learning opportunity with other parents from the program (do not include any materials or basic program orientation you may have received when your child started the program).
 | □1 | □0 |  |
| 1. I have attended a program-sponsored activity or event (not training) with my child.
 | □1 | □0 |  |
| 1. I was asked about my preferences for what type of mentor my child would have.
 | □1 | □0 |  |
| 1. I helped choose what my child’s relationship would focus on (for example, the goals of the relationship, the kinds of activities the mentor would do with my child).
 | □1 | □0 |  |
| 1. I had the chance to approve my child’s mentor before the match was made.
 | □1 | □0 |  |
| 1. Program staff have told me about other programs or services for my child or family.
 | □1 | □0 |  |
| 1. Program staff have asked me about my child’s experiences in the program.
 | □1 | □0 |  |
| 1. Program staff have asked me about my experiences in the program.
 | □1 | □0 |  |
| 1. There is someone I can go to at the program if I have concerns about my child’s mentor.
 | □1 | □0 |  |
| 1. Program staff communicate with me often enough to get my needs met.
 | □1 | □0 |  |
| 1. I am satisfied with how the program handled the ending of my child’s mentoring relationship.
 | □1 | □0 | □N/A |

*Note.* Items 1, 2, 4, 14 and 15 are new items that have not been administered in previous studies.

Citation: Herrera, C., DuBois, D. L. and Grossman, J. B. (2013). *The Role of Risk: Mentoring Experiences and Outcomes for Youth with Varying Risk Profiles*. New York, NY: A Public/Private Ventures project distributed by MDRC.