

# Holy Spirit Catholic Church—Department of Youth Ministry Survey for Parents

THIS SURVEY PERTAINS TO FAMILIES WITH YOUNG PEOPLE IN GRADES 5-12 (complete/return to the Life Teen Office—ok to place in collection)

Please take a moment to fill in your personal information:

\_\_\_\_\_ (initial here)

By entering my personal information below, I consent to receive email communications from the Department of Youth Ministry, based on information collected.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

How many young people in grades 5-12 are in your family? \_\_\_\_\_

In what grades are your young people currently enrolled? Check all that apply.

5th  6th  7th  8th  9th  10th  11th  12th  Other \_\_\_\_\_

What schools do your young people attend? \_\_\_\_\_

To assist us in developing and refining our ministry, please select from the following the 5 most important things to your family regarding Youth Ministry:

- |   |  |
|---|--|
| <input type="checkbox"/> To help young people feel like a loved and valued part of the Church.                                  | <input type="checkbox"/> To provide a community for young people where they can develop meaningful relationships with other youth and adult leaders. |
| <input type="checkbox"/> To help young people develop a personal relationship with Jesus Christ.                                | <input type="checkbox"/> To assist young people in developing an understanding and appreciation for what is unique about the Catholic faith.         |
| <input type="checkbox"/> To help young people develop a better understanding of Sacred Scripture and what it means to us today. | <input type="checkbox"/> To assist young people in forming a responsible Catholic approach to human sexuality.                                       |
| <input type="checkbox"/> To teach young people how to make moral decisions based on Catholic moral teaching.                    | <input type="checkbox"/> To provide adequate support and guidance for young people during times of crisis.   |
| <input type="checkbox"/> To assist young people in developing a healthy self-image.   | <input type="checkbox"/> To foster the spiritual growth of young people through vibrant liturgies, prayer experiences, retreats, conferences, etc.   |
| <input type="checkbox"/> To assist young people in reaching out to serve people in need in the Community.                       | <input type="checkbox"/> To involve youth in Christian leadership training and opportunities.  |
| <input type="checkbox"/> To teach young people how to pray.   | <input type="checkbox"/> To foster healing and reconciliation in young people's lives and relationships.   |
| <input type="checkbox"/> To help young people understand the place of the Sacraments in the life of the Catholic Christian.     |  |

Comments \_\_\_\_\_

Following are some of the concerns faced by families with young people in grades 5-12. Please indicate how much of a concern each of these is for your family. (Rate 1 to 10 with 1—No Concern—5 Minor Concern—10 Major Concern)

- |  |   |
|--|---|
| _____ Balancing home, faith, school, work, sports and other commitments. | _____ Parental separation/divorce/remarriage.                 |
| _____ Making realistic and appropriate rules and expectations.           | _____ Lack of time together as a family.                      |
| _____ Substance abuse with alcohol and/or other drugs.                   | _____ Poor communication.                                     |
| _____ Living out a faith/prayer life.                                    | _____ Participation in Sunday Mass and other parish programs. |
| _____ Sharing time in service to others.                                 | _____ Making moral decisions, including human sexuality.      |

Comments \_\_\_\_\_

If the parish sponsored programs in the following areas, which would you consider attending? Please mark as many as apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Understanding adolescent growth.                 | <input type="checkbox"/> Understanding adolescent faith issues.             | <input type="checkbox"/> Family decision making.                                 |
| <input type="checkbox"/> Families, separation and divorce.                | <input type="checkbox"/> Approaches to family prayer and ritual.            | <input type="checkbox"/> Handling questions of adolescent sexuality.             |
| <input type="checkbox"/> Helping young people make school/career choices. | <input type="checkbox"/> Mid-life issues for parents with young people.     | <input type="checkbox"/> Parent/youth family nights (movies, games, etc.).       |
| <input type="checkbox"/> Family picnic or pot-luck meals.                 | <input type="checkbox"/> Parish sponsored family oriented service projects. | <input type="checkbox"/> Improving parent/teen communications and relationships. |
| <input type="checkbox"/> Family Bible Study.                              | <input type="checkbox"/> Recycling religion—refresher course for adults.    | <input type="checkbox"/> Coping with the values of pop culture and media.        |
| <input type="checkbox"/> Helping young people make moral decisions.       | <input type="checkbox"/> Adolescents, alcohol and other drugs.              | <input type="checkbox"/> Resources for Advent/Lent sharing at home.              |
| <input type="checkbox"/> Family social activities.                        | <input type="checkbox"/> Evening of reflection or overnight retreat.        |  |

Comments \_\_\_\_\_

What would be the best time for you to take part in the activities listed above?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Sunday afternoon following Life Teen Mass | <input type="checkbox"/> Sunday evening   | <input type="checkbox"/> Monday evening | <input type="checkbox"/> Tuesday evening    |
| <input type="checkbox"/> Wednesday evening                         | <input type="checkbox"/> Thursday evening | <input type="checkbox"/> Friday evening | <input type="checkbox"/> Saturday afternoon |
| <input type="checkbox"/> Saturday evening                          | <input type="checkbox"/> Other _____      |   |   |

How often would you be interested in participating in parent programs, parent/teen programs or family programs?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Every other week | <input type="checkbox"/> Weekly for 3-4 weeks         | <input type="checkbox"/> Weekly for 5-6 weeks |
| <input type="checkbox"/> Monthly          | <input type="checkbox"/> Overnight or weekend program | <input type="checkbox"/> Occasionally         |
| <input type="checkbox"/> Other _____      |   |   |

