

PARENT EXPERIENCE OF ASSESSMENT SCALE (PEAS)

Name: _____

Date: _____

Child's Name: _____

Child's Date of Birth: _____

Relationship to Child: _____

Assessor: _____

This questionnaire deals with your thoughts and feelings about your child's psychological assessment. Please read each statement carefully and check the box that best matches how the statement applies to you. If you believe an item does not apply to you, please mark the 'Neutral' category for that item. Be as honest and accurate as possible. Please do not skip any items and check only one box for each statement.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The assessor seemed genuinely interested in helping us.					
2. I got lots of new ideas about how to parent my child.					
3. My child seemed to feel comfortable with the assessor.					
4. My child's problems are partly caused by other struggles in our family.					
5. I felt the assessor respects me.					
6. My child didn't seem to warm up to the assessor.					
7. I was informed about each step of the assessment.					
8. Many of my child's difficulties have to do with our family.					
9. I learned a tremendous amount about my child from this assessment.					
10. The assessment made me feel ashamed.					
11. I liked the assessor.					
12. The assessment revealed how family members play a role in my child's problems.					
13. I trusted the assessor.					
14. I felt blamed for my child's problems.					
15. I feel better able to communicate with my child.					
16. I now see how our family's problems affect my child.					
17. My child and the assessor really connected well.					
18. The assessment made me feel like a bad parent.					
19. I now know what to expect from my child.					
20. I felt judged by the assessor.					
21. I felt that my opinion was valued.					
22. My child did not like the assessor.					
23. The assessor really listened to me.					
24. I now understand my child so much better.					