

Parent Interest Survey

Van Buren County Head Start would like to offer meaningful experiences not only to your child, but to you and your family as well. We would like to have parents get involved in choosing and setting up programs for themselves. Many activities outside of the classroom, for children and parents alike, depend on the interest and energy of parents and staff, and can only come about through volunteer parent assistance and participation in addition to staff efforts. This survey will help us to set up programs geared to your own needs and interests, as parents. Suggestions from activities not listed are welcome as well.

Name: _____

Phone: _____

Address: _____

If you have teenagers, would any of them be willing to baby-sit for the program events?
If so, list name(s) and age(s) _____

Mother's and father's place and hour of employment or place where they attend school:

Mother _____

Father _____

Are you covered under Medical Assistance? Yes No Formerly
If no, do you take your children to the immunizations clinics throughout the area?
___ Yes ___ No Which Clinic? _____

Do you have a valid driver's license for this state? ___ Yes ___ No

If you have a car, would you be willing to drive other parents needing a ride to the same activity? ___ Yes ___ No

Do you have a Commercial Driver's License? ___ Yes ___ No
What kind of Commercial Driver's License? _____

If yes, would you be interested in occasionally driving a Head Start Bus or van to activities or as a substitute driver? ___ Yes ___ No

Please check any areas in which you would be willing to help:

- Preparation of activities for the children
- Activities which you and other parents help set up
- Construction or repair of toys, play equipment, or classroom games
- Sewing pillows, sofa covers, curtains, tote bags, or doll clothes
- Other-Please list below:

If you have any helpful knowledge, education, skill, or artistic talent you are willing to share with other parents or in the classroom, please tell us about it. Us the space below:

Please check any areas in which you would like to actively participate:

- Classroom Volunteer
- Volunteer outside classroom (Be Specific) _____

- Policy Council
- Center Committee
- Paid Substitute
- Paid Employee
- Help with monthly newsletter
- Member of a parent discussion group
- Participate in Child Development Class
- Help Family Service Worker with medical/dental appointment
- Help in kitchen if cook is absent
- Help on playground
- Volunteer outside classroom
- Member of the Multi Advisory Committee
(Health, Education and Social Services)
- Telephone Committee
- Other- Please specify: _____

Your ideas for activities or programs not mentioned: _____

Do you have baby-sitting problems?

Morning: ___Yes ___No
Afternoons: ___Yes ___No
Evenings: ___Yes ___No

Please check whether or not you would be interested in a parent discussion group:
___Yes ___No

Check all the topics you would like to know more about. In areas where enough parents express an interest, we will try to provide some sort of training on the subject. The training might come in the form of literature, a project, a field trip, a talk , or perhaps information about a course or workshop offered in the community.

- | | |
|---|---|
| <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Community Needs Assessment |
| <input type="checkbox"/> Kindergarten Readiness | <input type="checkbox"/> Nutrition Snacks |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Alcohol Issues | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> How to Quit Smoking | <input type="checkbox"/> Obtaining your GED |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Obtaining a Job |
| <input type="checkbox"/> Consumer Rights | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Effective Parenting Skills | <input type="checkbox"/> Child Abuse/Neglect Prevention |
| <input type="checkbox"/> Education Component | <input type="checkbox"/> Health Component |
| <input type="checkbox"/> Disability Component | <input type="checkbox"/> Parent Involvement Component |
| <input type="checkbox"/> Learning Language at Home | <input type="checkbox"/> Community Action Agency |

Other- New ideas are always welcome. Please list below:

Suggestions for getting and keeping a high level of participation:

Suggestions for rewarding outstanding volunteers and parent participants:

Day(s) I can help: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

Hours I can help: At home _____ At the center _____

Other: _____