

**CHILD/FAMILY SERVICES
PARENT MEETING SURVEY**

Dear Parents:

In an effort to plan parent meetings and other center / program activities that meet your interest and needs we ask your cooperation with information regarding your availability and interest which will help guide the planning process.

Services Options: Center Base _____ Home Base _____ Family Child Care Home _____ Location _____

Parent's Name _____ Date _____

Children's Name _____

1. What day and time of the week is most convenient for you to attend the monthly parent activities?
Please check all that apply.

Day ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Hour ☐ Early Morning 7:00-9:00 A.M. ☐ Morning 9:00-12:00 P.M.
☐ Midday 12:00-2:00 P.M. ☐ Afternoon 2:00-5:00 P.M.
☐ Evening 5:00-8:00 P.M. ☐ Other _____

2. In which language do you prefer that the meetings be conducted?

☐ English ☐ Spanish ☐ No preference ☐ Other _____

3. Do you have transportation to the parent meetings? ☐ Yes ☐ No

4. Do you need child care to attend the parent meeting? ☐ Yes ☐ No

5. Please indicate if you would like more information about any of the following topics from the Parent Family Engagement Outcomes:

I. Family Well-Being

- ☐ 1. Housing
- ☐ 2. Income/Budget
- ☐ 3. Employment
- ☐ 4. Food/Nutrition (Providing Proper Nutrition)
- ☐ 5. Transportation/Mobility (Ability to get to appointments, work, center, etc.)
- ☐ 6. Health (Medical and Dental Status)
- ☐ 7. Social/Emotional Health (Resources, Support System, Managing Stress)

II. Positive Parent-Child Relationship

- ☐ 8. Positive Family Relations (What does a healthy parent-child relationship look like?)
- ☐ 9. Expectant Parenting/Prenatal Health (Knowledge of the importance of prenatal health)
- ☐ 10. Child Health and Safety (Concerns about any immediate threats to family safety)

III. Families as Lifelong Educators

- ☐ 11. Knowledge of Child Growth/Development
- ☐ 12. Child's Primary Educator (Activities to prepare your child to be successful in school)
- ☐ 13. Values Primary Language (*Benefits of Bilingualism*)

IV. Families as Learners

- ☐ 14. Adult Learning/Participates in Setting goals (Importance about setting short term or long term goals)
- ☐ 15. Training/Educational Opportunities (GED, ESL, certifications and/or other degrees)
- ☐ 16. Partner with Teacher

V. Family Engagement in Transitions

- ☐ 17. Understand Parent's role in their child's Transition to Kindergarten
- ☐ 18. Transition Needs of Children (Preparing your child for school change)
- ☐ 19. Knowledge of Parent's Rights under IDEA

VI. Family Connections to Peers and Community

- ☐ 20. Connect with Other Parents and Families
- ☐ 21. Values Relationships/Sense of Empowerment
- ☐ 22. Engages in Problem Solving/Decision Making with Staff and other Families
- ☐ 23. Role as Volunteer

VI. Families as Advocates and Leaders

- ☐ 24. Engage in Leadership or Advocacy Activities (e.g. parent committee, policy council)
- ☐ 25. Advocate in Community Organizations/Schools

In addition to receiving information on the topics you have selected, the program will, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parent's knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. All agencies will infuse elements of Abriendo Puertas at their parent meetings.

Part of the Head Start experience is to empower parents to build their leadership skills. Parents taking on these leadership roles will receive training and coaching on each and any of the positions listed below.

6. Would you be interested in becoming an officer of the Center Parent Committee? ☐ Yes ☐ No
If yes, specify position:
- ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Alternate
- ☐ Other: _____

Family engagement is important to children's success in school. Volunteering your time in the program supports your child as a lifelong learner and supports the program generating in-kind.

7. Which days of the week are you available to volunteer?
- Day ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

8. Please check any areas in which you are able to volunteer your time:

- | | |
|--|---|
| <input type="checkbox"/> Demonstrating your family's favorite recipe | <input type="checkbox"/> Preparing snack for children |
| <input type="checkbox"/> Preparing educational materials | <input type="checkbox"/> Reading to children |
| <input type="checkbox"/> Conducting health and safety checks | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Music | <input type="checkbox"/> Repairing toys |
| <input type="checkbox"/> Other _____ | |

Parent/Guardian Signature

Staff Signature