

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

Academics

Early Childhood Education Department

**Head Start/Early Head Start  
Parent Interest Survey**

Dear Parent,

You are the most important person in your child’s development and education. The Head Start Program will be offering a Parent Meeting titled “*Helping Your Child Do Well in School*” at the beginning of the school year. We encourage you to join other Head Start parents to discuss and participate in activities of interest to you.

Please check **ONLY** the topics and/or activities in which you are most interested:

**How it can be met  
(Office use only)**

**I. Preschool Education & Child Development**

- Parenting effectively \_\_\_\_\_
- Helping my child with early reading skills \_\_\_\_\_
- Transitioning to Kindergarten or HS4 \_\_\_\_\_
- Hearing, ear infections, and preventing hearing loss \_\_\_\_\_
- Supporting my child’s language development \_\_\_\_\_
- Recognizing typical speech and language in children \_\_\_\_\_
- Developing a relationship with my young child \_\_\_\_\_
- Teaching social skills to my child \_\_\_\_\_

**II. Adult Education**

- Obtaining my GED/High School diploma \_\_\_\_\_
- Obtaining and keeping a job \_\_\_\_\_
- Obtaining vocational/technical job training \_\_\_\_\_
- Learning English as a second language \_\_\_\_\_

**III. Family Life**

- Participating in Male/Father involvement activities \_\_\_\_\_
- Participating in a Women’s support group \_\_\_\_\_
- Participating in a Grandparent’s support group \_\_\_\_\_
- Participation in a Young Parent support group \_\_\_\_\_
- Improving family relationships \_\_\_\_\_
- Budgeting, Saving and Improving Credit \_\_\_\_\_
- Planning nutritional meals \_\_\_\_\_
- Keeping my family healthy \_\_\_\_\_
- Learning about health issues (HIV, obesity, etc.) \_\_\_\_\_
- Learning about CPR/First Aid/Safety \_\_\_\_\_
- Feeling good about myself \_\_\_\_\_
- Stress and anger management \_\_\_\_\_
- Correcting children’s negative behavior \_\_\_\_\_
- Sharing my culture \_\_\_\_\_

Are there other topics you would like to add to the survey? \_\_\_\_\_

What day(s) and time(s) would you prefer to attend the Parent Meetings? **Check your choices:**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Morning: 7:30 a.m. – 8:30 a.m.**

**Afternoon: 2:00 p.m. – 3:00 p.m.**

**Evening: 6:30 p.m. – 7:30 p.m.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Child’s name

\_\_\_\_\_  
School

\_\_\_\_\_  
Teacher

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**Head Start/Early Head Start  
Parents As Partners**

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent participation is an essential part of the preschool programs and a great way for parents to involve themselves in their child's education. Below please check the area(s) in which you will participate in the decision-making process at school, at home, or in your community. Your participation is a step toward ensuring your child a successful future. **THANK YOU!**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I. In the decision-making process:**

- \_\_\_ Head Start Policy Council (Last Thursday of each month)
- \_\_\_ Program Self-Assessment
- \_\_\_ Preschool Parent Committee (at your school throughout the year)
- \_\_\_ PTA/PTO/Advisory Council/School Improvement Team (varies by school)

**II. At school:**

- \_\_\_ Giving assistance to individual or small groups of children with special projects, reading stories, practicing vocabulary, cooking projects, and practical living skills (such as brushing teeth, washing hands, setting table, etc.)
- \_\_\_ Sharing personal resources and talents from various ethnic backgrounds and experiences, playing musical instrument, and speaking for Career Day.
- \_\_\_ Assisting teachers in preparing learning materials, cleaning toys and mats, recordkeeping, updating parent information bulletin board, interpreting other languages, chaperoning field trips, mealtime, holiday events or special activities, and baby-sitting during parent activities.
- \_\_\_ Assisting in the media center, the clinic or front office.
- \_\_\_ Other:

**III. At home:**

- \_\_\_ Contacting parents regarding planned activities
- \_\_\_ Creating items for the classroom such as games, pillows, aprons, albums, etc.
- \_\_\_ Washing items at home such as dress-up clothes from the housekeeping center
- \_\_\_ Collecting materials for class (recyclables, etc.)
- \_\_\_ Other:

**IV. In the Community:**

- \_\_\_ Recruiting other volunteers
- \_\_\_ Collecting materials on community resources
- \_\_\_ Sharing information about Head Start with other families in your neighborhood and the community
- \_\_\_ Other:

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**Head Start/Early Head Start  
Preliminary Family Assessment**

A major goal of the preschool program is to form a partnership with individual families to encourage family growth and development. The Family Service Staff will support your family in accomplishing goals based on your interests and concerns. Please check the areas in which you may need assistance. A staff member will contact you to follow up on the information below.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

**(Check One)**

- |   |     |    |
|---|-----|----|
| 1. Does your child need after school care because there is no adult supervision available at home?                              | Yes | No |
| 2. Do you have any other children under 13 who need child care or after school care?  | Yes | No |
| 3. Is anyone in your household unemployed and looking for a job?  | Yes | No |
| 4. Is anyone in your household interested in adult education (GED, ESOL) or job training?                                       | Yes | No |
| 5. Does anyone in your household need health insurance?   | Yes | No |
| 6. Is anyone in your household disabled or in need of medical care and not receiving assistance?                                | Yes | No |
| 7. Does anyone in your household want help in handling stressful situations, such as use of alcohol, drugs, or family problems? | Yes | No |
| 8. Please list any other concerns (food, clothing, housing, legal, etc.)  |     |    |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_