FAMILY INTEREST SURVEY

Head Start is committed to providing workshops and training opportunities that meet the needs of parents and caregivers. We want these opportunities to be interesting, informative, helpful and fun. Throughout the year you will receive information through many different resources such as brochures, newsletters, workshops and parent meetings. Please take a few minutes to complete the survey below to assist us in better serving you this year.

Family Name: _____Child's Name: _____

CHILD DEVELOPMENT

- ____ Ages 3-5
- ____ Infants and toddler's
- ____ Reading with children
- ____ Potty training
- ____ Discipline

PARENTING/ FAMILY LIFE

- ____ Child support (What is the law?)
- ____ Peer pressure issues
- ____ Step parenting & blended families

____ Budgeting / money management

- ____ Grandparents raising children
- ____ Childcare after school
- ____ Divorce / separation

HOME MANAGEMENT

____ Credit counseling

____ Household tips

____ Renters rights (the law)

_____ Sibling rivalry

MENTAL HEALTH

- ___ Building relationships
- ____ Building self esteem
- ____ Stress management
- ____ Death, dying & grief
- ____ How to deal with anger
- ____ How to deal with fear
- ____ Dealing with substance abuse (alcohol or drugs)
- ____ Domestic violence
- ___ Counseling resources

PFRSONAL

- ____ Expanding your education
- ____ Resume writing / job readiness
- ____ Setting realistic goals
- ____ GED
- Computer classes
- ____ Financial assistance for school
- ____ SSI or social security guidelines
- Getting a driver's liecnse

JUST FOR FUN

- Crafts home decorations
- ____ Aerobics
- _____ Make over tips (hair, make -up, etc.)
- ____ Group sports (softball, bowling, etc.)
- ____ Sewing
- ____ Relaxation tips

- ____ Furniture / appliances ____ Housing repairs / weatherization
 - Energy assistance

HEALTH & SAFETY

- ____ Child proofing your home
- ____ Allergies & asthma
- ____ Diabetes
- ____ First Aid / CPR
- ____ Poisons and look-alikes
- ____ Smoking and tobacco products
- _____ Signs of drug /alcohol abuse
- _____ Health coverage
- ____ Signs of lead poisoning
- _____Birth control or prenatal information
- ____ The importance of dental health

NUTRITION

- ____ Cooking & baking workshops
- ____ Healthy snacks
- ____ Understanding food labeling
- ____ Cooking with children at home
- _____ Healthy eating & weight control
- ____ Exercising to good health
- ____ Overweight child
- ____ Underweight child
- _____ Other ______

| MENU INPUT: |
|--|
| What is your opinion of this past year's menu? It needs improvementIt was averageIt was excellentNot applicable |
| What food items would you like to see on the menu? |
| |
| What food items would you prefer not to be on the menu? |

ADDITIONAL COMMENTS OR INTERESTS:

Revised 05/09