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Parent Opinion and Interest Survey

Please check the box to record your selection. ☑

Q1. Did you attend any of the workshops offered by Options Head Start?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q1a. If NO, what are the reasons why you did not take advantage of the workshops offered?

Please check all the reasons that apply ☑

<i>Time</i>	<input type="checkbox"/>	<i>Transportation</i>	<input type="checkbox"/>
<i>Location</i>	<input type="checkbox"/>	<i>Childcare</i>	<input type="checkbox"/>
<i>Family Matters</i>	<input type="checkbox"/>	<i>Other Commitments</i>	<input type="checkbox"/>
<i>Lack of Time</i>	<input type="checkbox"/>	<i>Illness</i>	<input type="checkbox"/>

Q2. How did you hear about the Options workshops offered throughout the school year?

Please check all that apply ☑

<i>Teachers and Parent Educators</i>	<input type="checkbox"/>	<i>Flyers</i>	<input type="checkbox"/>
<i>Policy Council Members</i>	<input type="checkbox"/>	<i>Other Parents</i>	<input type="checkbox"/>
<i>Family Service Specialist</i>	<input type="checkbox"/>		

Q3. My suggestion on the topics for the future workshops would be...

a. Family Development (Only pick 3 topics)

<i>Exercise</i>	<input type="checkbox"/>	<i>Communication</i>	<input type="checkbox"/>
<i>Organization</i>	<input type="checkbox"/>	<i>Preparing healthy and affordable meals</i>	<input type="checkbox"/>
<i>Reading to your child</i>	<input type="checkbox"/>	<i>Learning from the environment</i>	<input type="checkbox"/>
<i>Substance/Drug Abuse/Gang Prevention</i>	<input type="checkbox"/>		

b. Child Development (Only pick 3 topics)

<i>Engagement in school readiness</i>	<input type="checkbox"/>	<i>Keeping Children healthy (routine exams, dental visits, nutrition)</i>	<input type="checkbox"/>
<i>Music and Movement for children</i>	<input type="checkbox"/>	<i>Learning through art</i>	<input type="checkbox"/>
<i>Discipline and Behavior Guidance for Children</i>	<input type="checkbox"/>		

c. Self Development (Only pick 3 topics)

<i>How to obtain your GED/High School Diploma/How to get to College/Vocational School</i>	<input type="checkbox"/>	<i>Time Management</i>	<input type="checkbox"/>
<i>Job Training and Career Development</i>	<input type="checkbox"/>	<i>Stress Management & Relaxation Ideas (Dance & Yoga)</i>	<input type="checkbox"/>

d. Please indicate the best days and times to attend workshops: (You may check more than one)

	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
Tuesday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Turn over >

Q4. Was your child enrolled in Options Head Start last school year?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q5. The Head Start Program

A. Overall, were you satisfied with this year's Head Start program?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

B. Were you satisfied with the programs staff communication with you?

<input type="checkbox"/>	<input type="checkbox"/>
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C. Were you satisfied with the programs efforts in meeting the individual needs of your child?.....

<input type="checkbox"/>	<input type="checkbox"/>
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D. Were you satisfied with the programs parent involvement opportunities?

<input type="checkbox"/>	<input type="checkbox"/>
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E. Were you kept informed about your child's classroom activities or home base events?.....

<input type="checkbox"/>	<input type="checkbox"/>
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F. Were you provided with opportunities to volunteer in the classroom or home base socials?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Q6. Physical Activity

A. Did staff frequently discuss physical activity for you and your child?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

B. Did you increase physical activity with your child?.....

<input type="checkbox"/>	<input type="checkbox"/>
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Q7. Reading

A. Did staff discuss reading to your child at home?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

B. How often did you read to your child **prior** to attending Head Start?:

0-3 times a week	<input type="checkbox"/>
3-5 times a week	<input type="checkbox"/>
6 or more times a week	<input type="checkbox"/>

C. How often do you read to your child **now**?

0-3 times a week	<input type="checkbox"/>
3-5 times a week	<input type="checkbox"/>
6 or more times a week	<input type="checkbox"/>

Q8. The Environment

A. Did staff frequently discuss talking to your child about the environment?.....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

B. Did you increase the amount of time talking about the environment with your child?

<input type="checkbox"/>	<input type="checkbox"/>
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Q9. Was participating in Options Head Start helpful in assisting you make positive changes in your family's life?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q9a. If, yes, what positive changes have you made or learned about?

Please check all that apply

Parenting (Setting limits, establishing self-esteem)	<input type="checkbox"/>
Nutrition (making healthier choices, meals)	<input type="checkbox"/>
School Readiness (reading to child, communicating with child, ability to express themselves, showing interest in reading)	<input type="checkbox"/>
Health (going to dental/doctor appointments, exercising more)	<input type="checkbox"/>
Self-Improvement (Communication, Financial Planning, Job Search)	<input type="checkbox"/>

**Your input is VALUABLE... it helps HS staff make decisions for program improvements.
Thank you!**