

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Academics

Head Start/Early Intervention 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 (4th Monday 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:
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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:
-

White - Teacher

Yellow - District Staff

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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.) | | |

Head Start/Early Head Start Program
2022-2023 School Year
Acknowledgment of Parent Handbook, Services, Policies,
Procedures and electronic document submissions

I have read and reviewed the electronic copy of the Head Start/Early Head Start Parent Handbook. (<https://www.browardschools.com/Page/52802>)

I understand that in order to apply for Early Head Start or Head Start, I must provide sensitive information to Broward County Public Schools, Head Start/Early Intervention Department, which will be housed in the ChildPlus Database Management System. By signing this form, I agree to provide the required application and additional health information for my child(ren).

Parent Name:

Child's Name:

School:

Parent Signature:

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Head Start/Early Head Start PIR Information

Child's Name _____ School _____ CPID _____

Do you currently receive WIC? ____ Yes ____ No

Do you currently receive Food Stamps/SNAP? ____ Yes ____ No

Is at least one (1) parent or guardian presently on active duty with the U.S. military? ____ Yes ____ No

Is at least one (1) parent or guardian a veteran of the U.S military? ____ Yes ____ No