

COLLEGE OF SOUTHERN IDAHO HEAD START/ EARLY HEAD START
PARENT INTEREST SHEET

In which of the following offices might you be interested:

- Chairperson - Conduct monthly meeting in center
- Vice Chairperson - Advise and fill in for chairperson when necessary
- Secretary/Treasurer - Take minutes and account for monies at monthly meetings
- Policy Council Representative - The governing board of the Head Start Program
- Education Advisory - Meets twice a year to help form Head Start Education Plans and Policies
- Family Service Advisory - Meets twice a year to help form Head Start Family Plans and Policies
- Health Advisory - Meets twice a year to help form Head Start Health Plans and Policies
- Volunteer Coordinator - Contact parent and help staff schedule volunteers
- Classroom Parent Involvement Coordinator
- Male Involvement Advisory - Meets with Center Supervisor to develop and facilitate Male Involvement in Head Start

What day of the week and time of day would be the most convenient for you for Center Parent meetings and programs?

DAY _____ TIME _____

Workshops and trainings may be offered during the year in the areas of (please check any of the topics you are interested in learning more about):

- | | |
|--|--|
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Weight Control |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Parent Skills | <input type="checkbox"/> Single Parenting |
| <input type="checkbox"/> Money Management | <input type="checkbox"/> Children with Special Needs |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult Education Opportunities | <input type="checkbox"/> Bus Monitor |
| <input type="checkbox"/> Personal Growth | <input type="checkbox"/> Volunteering in a Classroom |
| <input type="checkbox"/> Wellness | |
| <input type="checkbox"/> Development of Job Skills | |

What Male Involvement Activities would you like to attend with your child?

- Playground improvements
- Dinner and a Book
- Sporting events
- Wood Working
- Field Trip
- Other: _____

Parent Signature

Date

Family Educator

Child's Name