

DATE: _____

NAME: _____

PHONE #: _____

PARENT INVOLVEMENT QUESTIONNAIRE

Hi, I'm _____ from _____ and we are surveying Head Start parents in our area to see how we are doing! Do you have time to discuss this now? If not, when would be a good time?

I understand that your child, _____ is enrolled in the _____ center and that _____ is your Home Visitor. Is this information correct? _____

From your perspective, how are we doing? (Depending on response)

For your child: What about class time? _____

Transportation? _____

Meals – Food Service? _____

Health & Dental Services? _____

Any Special Services? _____

For you: Home Visits? _____

How often? _____

How long do they last? _____

Opportunity for Center Committee Activities? _____

Informed of Trainings?/Attended Trainings? _____

Opportunities to Volunteer? _____

Referrals for Other Services? _____

Newsletters? _____

We are working toward making centers more “parent friendly”. In your opinion, what steps should we take to make the _____ center a more comfortable and inviting place?

Are there any other suggestions you would like to make regarding program services?

What have you liked best? _____

What benefits has your family received from the program? _____

Are there instance when Head Start staff members, or volunteers have been especially helpful?

Please tell me more. _____

Thank you for taking the time to help us with this survey. Please feel free to give me a call if you think of something else you would like to comment on!