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?

________________________________________________________________________

________________________________________________________________________

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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!