



PARENT INTEREST SURVEY

The purpose of this survey is to better understand your interests. We would like you involved in choosing and setting up parent meetings and trainings. Each year we ask parents to help suggest ideas and plan your events for the year.

Please take a minute to complete this short survey. Thank you.

Parent name: _____ Child's name: _____

Classroom: _____

Please check all the topics for which you would like more information.

- | | |
|---|---|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Substance Abuse Issues | <input type="checkbox"/> Divorce, Stepparenting, Blended Families |
| <input type="checkbox"/> Kindergarten Readiness | <input type="checkbox"/> Menu Planning, Nutrition, Obesity Prevention |
| <input type="checkbox"/> Positive Discipline | <input type="checkbox"/> Dealing with Stress |
| <input type="checkbox"/> How to Quit Smoking | <input type="checkbox"/> Obtaining your GED |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Obtaining a Job |
| <input type="checkbox"/> Consumer Rights | <input type="checkbox"/> Community Resources |
| <input type="checkbox"/> Effective Parenting Skills | <input type="checkbox"/> Child Abuse/Neglect Prevention |
| <input type="checkbox"/> Educational Opportunities | <input type="checkbox"/> Health and Safety Issues |
| <input type="checkbox"/> Special Needs Support | <input type="checkbox"/> Fatherhood Involvement |
| <input type="checkbox"/> Health Coverage | <input type="checkbox"/> Budgeting and Money Issues |
| <input type="checkbox"/> Supporting your child's learning at home | |

Please list any other ideas:

Do you have any knowledge, education, skill, or talent you are willing to share with other parents or in the classroom? If so please tell us about it.

What is the best way for us to share information with you? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Talking directly with someone |
| <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Handouts in the parent mailboxes |
| <input type="checkbox"/> Parent meeting | <input type="checkbox"/> Email |
| <input type="checkbox"/> Other: | |

Parent Activities or Meetings

Are you interested in being involved with planning activities or meetings?

Are you interested in leadership opportunities like representing your site at Policy Council?

What time of day would you be able to attend? Please check all the times you could attend a parent activity or meeting. Circle your preference.

- | | |
|---|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> During child's class time |
| <input type="checkbox"/> Late Afternoon | |

Which day of the week would you like to have events? Please check all the days you could attend a parent activity or meeting. Circle your preference.

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |

What would stop you from attending parenting activity? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Time |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Lack of interest |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other: |

How would you like to be involved in the classroom?

Do you have any suggestions for getting you or other parents involved?

Thank you for your input!