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.

☐ First Aid/CPR  ☐ First Aid
☐ Substance Abuse Issues  ☐ Divorce, Stepparenting, Blended Families
☐ Kindergarten Readiness  ☐ Menu Planning, Nutrition, Obesity Prevention
☐ Positive Discipline  ☐ Dealing with Stress
☐ How to Quit Smoking  ☐ Obtaining your GED
☐ Arts and Crafts  ☐ Obtaining a Job
☐ Consumer Rights  ☐ Community Resources
☐ Effective Parenting Skills  ☐ Child Abuse/Neglect Prevention
☐ Educational Opportunities  ☐ Health and Safety Issues
☐ Special Needs Support  ☐ Fatherhood Involvement
☐ Health Coverage  ☐ Budgeting and Money Issues
☐ 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.

☐ Mailing  ☐ Talking directly with someone
☐ Bulletin Boards  ☐ Handouts in the parent mailboxes
☐ Parent meeting  ☐ Email
☐ 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.

☐ Morning  ☐ Evening
☐ Afternoon  ☐ During child’s class time
☐ 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.

☐ Monday  ☐ Thursday
☐ Tuesday  ☐ Friday
☐ Wednesday

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

☐ Transportation  ☐ Time
☐ Childcare  ☐ Lack of interest
☐ Location  ☐ 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!