

Parent Interest Survey

Parent Name: _____ Child Name: _____ Date: _____

Procedure

This form is for **staff use only** and should be completed in conversation with parents. As you meet with families, please check off the appropriate area(s) based on their response to: "What activities and interests are you interested in for yourself? With the other classroom families?" Please identify at least three.

Individual Interests/Needs				
	Needs	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> Basic Food			
2.	<input type="checkbox"/> Clothing			
3.	<input type="checkbox"/> Housing			
4.	<input type="checkbox"/> Utility assistance			
5.	<input type="checkbox"/> Alcohol & Drugs			
6.	<input type="checkbox"/> Quit smoking/tobacco			
7.	<input type="checkbox"/> Restraining orders			
8.	<input type="checkbox"/> Transportation			
9.	<input type="checkbox"/> Welfare rights			
10.	<input type="checkbox"/> Immigration issues			
11.	<input type="checkbox"/> Grief/Loss			
12.	<input type="checkbox"/> Domestic Violence/Child Abuse			
13.	<input type="checkbox"/> Self Esteem			
14.	<input type="checkbox"/> Stress, depression, etc.			
	Parenting	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> Discipline Concerns			
2.	<input type="checkbox"/> Child development			
3.	<input type="checkbox"/> Communicating with children			
4.	<input type="checkbox"/> Anger Management			
5.	<input type="checkbox"/> Custody/legal issues			
6.	<input type="checkbox"/> Child Support			
7.	<input type="checkbox"/> Fun Family Activities			
8.	<input type="checkbox"/> Reading to my child(ren)			
9.	<input type="checkbox"/> How to speak for yourself and others			
10.	<input type="checkbox"/> Single Parent/Shared parenting issues			
11.	<input type="checkbox"/> Father/men in your child's life			
12.	<input type="checkbox"/> Grandparents raising children			
13.	<input type="checkbox"/> Developmental concerns or delays			
14.	<input type="checkbox"/> Advocating with schools/others			

Parent Interest Survey

	Parenting, continued	Information Provided	Resource Provided	Date Discussed
15.	<input type="checkbox"/> Preparing your child for kindergarten			
16.	<input type="checkbox"/> Family relationships			
17.	<input type="checkbox"/> Child care			
18.	<input type="checkbox"/> Divorce			
	Education and Employment	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> GED Classes			
2.	<input type="checkbox"/> ESL Classes			
3.	<input type="checkbox"/> Learning about computers/internet			
4.	<input type="checkbox"/> Employment/Career			
5.	<input type="checkbox"/> Time Management			
6.	<input type="checkbox"/> Money Management			
7.	<input type="checkbox"/> Citizenship classes			
8.	<input type="checkbox"/> College (re)entry			
9.	<input type="checkbox"/> Vocational/Technical Training			
	Health/Nutrition	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> Family Planning (birth control)			
3.	<input type="checkbox"/> Home safety/gun safety			
4.	<input type="checkbox"/> Self-Care			
5.	<input type="checkbox"/> Family violence prevention			
6.	<input type="checkbox"/> Preparing for an emergency			
7.	<input type="checkbox"/> Finding/using health services			
8.	<input type="checkbox"/> Taking care of children's teeth			
9.	<input type="checkbox"/> Immunizations			
10.	<input type="checkbox"/> Adult health issues (heart disease, diabetes, etc.)			
11.	<input type="checkbox"/> Talking to my doctor			
12.	<input type="checkbox"/> Exercise programs			
13.	<input type="checkbox"/> Making healthy meals and snacks			
14.	<input type="checkbox"/> Eating concerns			
15.	<input type="checkbox"/> Childhood illnesses			

See page 3 for Family and Parent Activities

Parent Interest Survey

Family and Parent Activities				
	Needs	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> New to neighborhood/Community resources			
	Parenting	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> Reading to children			
2.	<input type="checkbox"/> Shared parenting issues			
3.	<input type="checkbox"/> Parenting Group			
4.	<input type="checkbox"/> Kinship Care Group			
5.	<input type="checkbox"/> Fun Family Activities			
6.	<input type="checkbox"/> Advocacy			
	Education and Employment	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> Preparing resumes, job applications, interview skills			
2.	<input type="checkbox"/> Volunteer opportunities			
	Health/Nutrition	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/> CPR/First Aid			
2.	<input type="checkbox"/> Home safety/gun safety			
3.	<input type="checkbox"/> Family violence prevention			
4.	<input type="checkbox"/> Preparing for an emergency			
5.	<input type="checkbox"/> Finding/using health services			
6.	<input type="checkbox"/> Taking care of children's teeth			
7.	<input type="checkbox"/> Immunizations			
8.	<input type="checkbox"/> Adult health issues (heart disease, diabetes, etc.)			
9.	<input type="checkbox"/> Exercise programs			
10.	<input type="checkbox"/> Making healthy meals and snacks			
11.	<input type="checkbox"/> Eating concerns			
	Other	Information Provided	Resource Provided	Date Discussed
1.	<input type="checkbox"/>			
2.	<input type="checkbox"/>			

Adults learn in different ways. Please tell us in what ways you would like to learn:

- personal conversation
- books/ written instructions
- video
- group meeting
- internet

Staff Notes

Resources and Information provided:

Date/follow-up:

Date/follow-up: