

IBERVILLE PARISH EARLY CHILDHOOD PROGRAM

Family Interest Survey

Dear Parent,

Each month your center will hold a parent meeting to plan for activities and discuss IPSB Early Childhood Program business. We need to find out when most parents are able to attend. Please write the day and time that's best for you.

Day: _____ Time: _____

Please check the areas that you are interested in knowing more about. We will provide you with information about the areas you check and we will also plan trainings during the school year in some of the areas.

___ PARENTING CLASSES

- Make Parenting a Pleasure/0-8yrs* Parenting Now/0-8yrs* Birth to Three/0-3yrs*
 Family Training /0-8yrs* Every Child Ready to Read/0-8yrs*

PARENTING

- ___ Involving Fathers/Men in Child's Life
___ Single Parenting
___ Step Parenting
___ Child Development
___ Behavior Management with Children
___ Children's Self-Esteem
___ Reading Readiness
___ Incarcerated Parents
___ Foster Parenting
___ Raising Grandchildren

NUTRITION

- ___ Healthy Snacks Kids Love
___ Low Budget Cooking
___ A Kid's Guide to Eating Right
___ Weight Loss Ideas or Activities
___ Using a Budget to Shop
___ Other:

HEALTH / DENTAL

- ___ Childhood Emergencies
___ Dental Care, Fluoride & Emergencies
___ Sex Education for Kids
___ Protecting Children from Personal Harm/Abuse
___ Raising Your Child in Safe Environments
___ First Aid/CPR
___ Accessing Medical/Dental Services
___ Getting the Most out of a Medical/Dental Appointment
___ Communicable Diseases (head lice, flu, etc.)
___ Quit Smoking / Quit Chewing
___ 2nd or 3rd Hand Tobacco Smoke
___ Adult Health Issues (heart disease, depression, diabetes, etc.)

MENTAL HEALTH / YOU

- ___ Anger Management
___ Stress Management
___ Adult Children of Alcoholic's
___ Addictions – How to Cope
___ Alcohol & Drug Information
___ Building Healthy Families
___ Counseling Options
___ Dealing with Depression
___ Adults Molested as Children
___ Personal Safety / Self Defense
___ Taking Care of You
___ Other:

LEGAL

- Legal Aid
- Consumer Rights
- Restraining Orders
- Support Enforcement
- Landlord – Tenant
- Child Abuse & Neglect
- Birth Certificates
- Social Security Cards / Benefits
- Citizenship
- Expunging Criminal Record
- Other:

ADULT EDUCATION

- GED Classes / High School Completion
- Reading and/or Math Brush-up
- Skills to get a Better Job (resumes, interviews, job search_
- Back to School as an Adult / FAFSA
- Head Start & Other Scholarships
- Introduction to Computers
- CTA Job Training Opportunity at Head Start
- Helping Children with Homework
- ELL/ESL Classes
- Other:

SPENDING AND SAVING

- Credit (repair, improve, free reports, etc.)
- Bank Accounts
- Borrowing Basics
- Smart Spending Plans
- Making Your Money Grow
- Loan to Own

THE COMMUNITY

- Local Resources / Activities Available to Me and My Family
- Entering Kindergarten / Working with Local Public Schools
- Selecting Quality Child Care
- Driver License
- Other:

FUN

- Fitness
- Music / Dance
- Support Group
- Making Crafts for Fun
- Family Time
- How to Cut Your Child's Hair
- Family Reading Time / Reading to Children
- Other:

ANYTHING ELSE?

List the special hobbies, skills or interests you might like to share with other Head Start parents or share with the children in the classroom.

1. _____
2. _____

Parent Signature

Date