



Parent Interest Questionnaire

Name of Parent: _____

Center Name: _____

Date: _____

As a parent, I am interested in the following topics to be discussed at our Head Start Parent Meetings.

Please Check

Health, Dental, & Nutrition

- _____ Bottle Tooth Syndrome
- _____ When to Keep Your Child Home from School
- _____ Head Lice
- _____ Immunization and Shot Record
- _____ Childhood Diseases
- _____ Reading Food Labels
- _____ Stretching Your Food Dollar
- _____ Other Suggestions _____

Please Check

Social Services

- _____ Learning About Local Agencies That Help Your Family
- _____ Employment
- _____ Returning to School
- _____ Affordable Housing and Renting
- _____ Drug and Alcohol Awareness
- _____ Other Suggestions _____

Please Check

Mental Health and Disabilities

- _____ Speech and/or Hearing Impairments
- _____ The Importance of (ARDS) Admission, Review and Dismissal
- _____ Children's Medication and Side Effects
- _____ Maintain Good Mental Health
- _____ Behavioral Problems
- _____ Other Suggestions _____

Please Check

Education and Child Development

- _____ Stages of Child Development
- _____ Preparing Your Child for Preschool/Kindergarten
- _____ Literacy Program
- _____ Educational Activities You Can Do At Home
- _____ Other Suggestions _____