



## Sample Head Start Parent Survey

### Data Collection: Preschool Head Start Parent Survey

This survey is being completed by:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Father       | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Mother       | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Hispanic               |
| <input type="checkbox"/> Guardian     | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Other        | <input type="checkbox"/> Native American        |
| (Relationship: _____)                 | <input type="checkbox"/> Other (_____)          |

Name of Head Start Program \_\_\_\_\_

Directions: Check Yes or No	Yes	No
1. The location of my Head Start center was convenient for my family's participation.		
2. The Head Start program provided transportation for my child.		
3. Information provided by Head Start included materials for both fathers and mothers.		
4. The current program schedule met the needs of my family		
5. Our family's needs would be better served with a 12-month Head Start program.		
6. Our family's needs would be better served with a five day per week		
7. Our family's needs would be better served with an eight- to 10-hour per day Head Start program.		

Directions: Check the box that best describes how you feel about the following statements	Agree	Neutral	Disagree	Don't know
8. I am satisfied with the Head Start services my family receives from:				
a. Classroom staff				
b. Administration				
c. Family service providers				
d. Health staff				
9. Head Start has helped my child get ready for school by:				
a. Becoming more independent				
b. Learning basic concepts in language				
c. Learning basic concepts in math				
d. Learning to share and cooperate				



Directions: Check the box that best describes how you feel about the following statements	Agree	Neutral	Disagree	Don't know
10. Head Start gives my child a:				
a. Safe place to learn				
b. Clean environment				
11. Head Start provides me with quality information through:				
a. Newsletters				
b. Parent handbook				
c. Parent-teacher conferences and home visits				
d. Monthly calendars				
e. Home visits with family service providers				
f. Website and electronic messaging				
g. Flyers announcing upcoming events				
12. Head Start has told me about how to be involved with:				
a. Policy Council				
b. Parent committee				
c. Classroom volunteering				
d. Program events and family gatherings				
e. Fatherhood events				
13. Head Start has provided me with informational support regarding:				
a. Child development				
b. Community resources				
c. Personal relationships				
d. Disabilities				
e. Mental health				
f. Health and dental health				
14. Head Start has enabled me to:				
a. Define my own life goals				
b. Accomplish and pursue my goals				
c. Understand and carry out my role as the primary educator for my child				
15. My child's teacher:				
a. Worked with me to plan my child's learning and development				
b. Planned activities around my child's individual needs				
c. Helped me have a better understanding of my child's social and emotional development				
16. When I requested help for my child's social and emotional development, it was:				
a. Delivered in a timely matter				



Directions: Check the box that best describes how you feel about the following statements	Agree	Neutral	Disagree	Don't know
b. Useful and successful				
c. Supportive of my family's values				
17. Head Start centers are friendly and inviting for fathers				
18. Head Start has provided me with information on disabilities. (Circle Yes or No. If No, go to question 20.)	Yes		No	
19. When I requested help for my child's disabilities, the services were:				
a. Delivered in a timely matter				
b. Useful and successful				
c. Supportive of my family's values				
20. My child attends child care before or after Head Start (Circle Yes or No.)	Yes		No	
21. There was turnover in the people working with my child and family this year (e.g., teachers, assistant teachers, bus driver, family service providers). (Circle Yes or No.)	Yes		No	

Directions: Check the box that best describes how you feel about the following statement.	Negative	Somewhat Negative	Neutral	Somewhat Positive	Positive
22. This turnover had what type of effect on my family's experience:					

23. My family's biggest stressors this year were: (Check all that apply)

- My child's disabilities  
  Educational or Job Training  
  Employment  
  Financial  
  Housing  
 Marital or Personal  
  Medical and Dental  
  Mental Health  
  Transportation  
  Other

24. My biggest concern for my family at this time is:

25. Other comments I have:

