



## Sample Community Partner Survey

### Data Collection: Early Head Start Parent Survey

Our Head Start/Early Head Start program is currently conducting its annual community assessment, which looks at the available local services and the services we provide to families. We are asking you to please take a minute to complete this brief questionnaire and return it in the self-addressed envelope.

County	Community	Agency

#### Contact Information

Name	Phone	Email

1. In the last year, has your agency seen changes in the following:

	Increase	Decrease	No Change	Comments
Average household income				
Number of low-income families contacting your agency				
Number of individuals or families slightly over your income guidelines				
Number of multigenerational families you serve				
Number of female head of households				
Number of teen pregnancies				
Number of licensed child care providers				
Job availability in community				
Substance misuse in community				
Low-income housing availability				
Homelessness				
Transportation needs				
Services you offer				



2. Are your services free?  NA  Yes  No
3. If No to Question 2: Are your fees based on income?  Yes  No
4. If Yes to Question 3: Do you have a sliding scale based on income?  Yes  No
5. What do you believe are your agency's and community's strengths when working with low-income families?
  
6. What do you believe are your agency's and community's obstacles when working with low-income families?
  
7. Are there other concerns you think are issues for our community?
  
8. What other programs or services do you believe our Head Start and Early Head Start program could offer to better serve our community (e.g., mental health or elderly services)?
  
9. Do you have suggestions about how Head Start and Early Head Start could collaborate or partner with your agency or community in order to better meet the needs of low-income children and families?
  
10. Other comments

