

UMATILLA-MORROW HEAD START, INC.

HOW ARE WE DOING? PARENT SURVEY

You deserve the best services possible! We need your opinions and comments to help us improve the services we provide for your family and your child. Please take a moment to fill out this sheet, and return it to your teacher by November 29th, 2004. Thank you for your assistance and cooperation

Parent Name: _____

Child's Name: _____

My child attends the following center:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Boardman EHS | <input type="checkbox"/> Hawthorne II | <input type="checkbox"/> Hermiston CDC-HS | <input type="checkbox"/> Pine Tree EHS |
| <input type="checkbox"/> Boardman I | <input type="checkbox"/> Hawthorne III | <input type="checkbox"/> Hermiston I | <input type="checkbox"/> Pine Tree HS |
| <input type="checkbox"/> Boardman II | <input type="checkbox"/> Hawthorne Toddlers | <input type="checkbox"/> Hermiston II | <input type="checkbox"/> Umatilla I |
| <input type="checkbox"/> Boardman Full-Day | <input type="checkbox"/> Hawthorne Full-Day | <input type="checkbox"/> Irrigon | <input type="checkbox"/> Umatilla II |
| <input type="checkbox"/> Enterprise | <input type="checkbox"/> Highland | <input type="checkbox"/> Milton-Freewater CDC | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> Gladys | <input type="checkbox"/> Head Start Family Child Care | <input type="checkbox"/> Milton-Freewater I | <input type="checkbox"/> West Park I |
| <input type="checkbox"/> Grant County | <input type="checkbox"/> Heppner | <input type="checkbox"/> Milton-Freewater II | <input type="checkbox"/> West Park II |
| <input type="checkbox"/> Hawthorne I | <input type="checkbox"/> Hermiston CDC-EHS | <input type="checkbox"/> Pendleton EHS | |

My Child goes to class in the: Morning Afternoon Full Day

To help us plan for the future and better serve our families with their needs, please mark which program model would best fit your needs. Please make sure if you select a model different than your child is currently attending you make note of it by checking the box yes or no at the bottom.

We are doing our Community Assessment jointly with OCDC (Oregon Child Development Coalition) this year. The last five program options are offered by OCDC and if one of these would better fit your needs please contact OCDC at 938-3170, to see if you would qualify.

- Three days per week for 3 1/2 hours a day with 12 home visit a year
- Four days per week for 3 1/2 hours a day with 2 education and 2 social service home visits a year
- A full day-full year program; five days a week year around with 2 education and 3 social service home visits a year with monthly contact.
- A full day program 5 days a week during the school year with 2 education and 3 social service home visits a year with monthly contact.
- A home based program with 1 home visit a week
- Family child care with a schedule to be determined upon your needs and 2 educational and 3 social service home visits per year with monthly contact.

- Full-Day (8-hour) Migrant Head Start, 5 days a week from early July to mid-October.
- Full-Day (8-hour) Seasonal Head Start, 5 days a week from late February to mid-November.
- Full-Day (8-hour) Seasonal Head Start, 5 days a week for 17 weeks (duration can be determined each year depending on parents' needs).
- Wraparound child care for Migrant and Seasonal Head Start provided by CCD for up to 4 total hours before and after the Migrant and Seasonal Head Start day making Full-Day care for those programs up to 12 hours. Families must qualify for CCD with a migratory move within the last 24 months and both parents must be working in agriculture to qualify.
- For families who qualify for CCD given the above qualifications, full-day (8-hour) CCD care, 5 days a week for months when Migrant Head Start has closed (i.e. November to May).

Why? _____

Is what you checked above different from the program your child is in now? Yes No

Parent Involvement

1. Have you participated in a parent support group or parenting classes? _____ This year? _____
Where: Head Start Community _____
2. Would you be interested in attending a parent support group or parenting classes? Yes No
3. Have you attended a Parent Center Day at your center? Yes No
If no, Why? _____
4. Did you learn about the Career Ladder program? Yes No

Would you like to talk further about your comments or provide us with other information about how we are doing? Yes No

If you would like to talk to us, please give us your phone number and what time we can reach you? _____

Again, thank you for taking the time to answer these questions for us. It will help us improve the services we provide for families and children.

Comments: _____

