**Family Engagement and Volunteer Survey**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classroom: \_\_\_\_\_­­

NMCAA Head Start programs offer various opportunities for parents/guardians to network and get involved with the program. The following questions will help guide the Family Engagement Department in planning for events and getting to know your family.

1. **What is the best way to get in contact with you?** *(Circle all that apply)*

Phone Call Email Text message Learning Genie Message

Please provide your most current contact details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What days and times of the week are most convenient for a home visit (1-1.5 hours in length) or other contact?** *(Circle all that apply)*

Monday Tuesday Wednesday Thursday Friday Saturday/Sunday

Early Morning: 7AM-9AM Morning: 9AM-12PM

Midday: 12PM-2PM Afternoon: 2PM-5PM

Evening: 5PM-8PM Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Would you be interested in participating in a leadership role?** *(Circle)* Yes No
2. **Do you have any skills, talents, hobbies or crafts you would like to share with the class or parent group?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Does your family have any traditions, celebrations, or rituals you would like us to know about?**

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1. **Check the areas you would be interested in volunteering your time:**

* Volunteering in the Classroom
* Help to prepare classroom materials
* Reading to children
* Helping to plan for events
* Repairing toys
* Leading a parent-led meeting
* Parent Cafes
* Other: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please see other side.

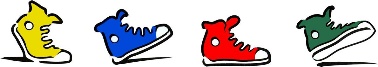
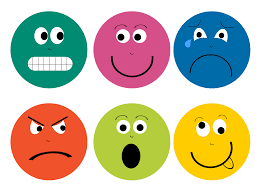
# Let’s have some fun, make new friends, and learn something new this year!

We will be having parent events and learning opportunities designed just for you this year. We would love your input on what topics interest you so we can have events that are meaningful to *you*.

**What times work best for parent events and learning opportunities?**

\_\_\_\_\_ after drop-off \_\_\_\_\_ before pick-up \_\_\_\_\_after school \_\_\_\_\_evening \_\_\_\_\_\_\_\_\_\_ other

**Please check the box next to the topics that interest you.**

* A Walking Group 
* Coffee Ring (parent connection after drop-off) 
* Healthy Eating/Nutrition on a Budget 
* Positive Child Guidance/Discipline 
* Raising a Reader 
* Music & Movement 
* Bedtime Routines 
* Budgeting 
* Crafts & Conversation 
* Self-Care/Coping with Stress
* My Child’s Social Emotional Health
* Getting Through Tough Times/Building Resiliency
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_