

**Parent/Child Interest and Volunteer Survey
Head Start/Pre-K**

Child's Name: _____ Birth Date: _____

Parent's Name: _____ Date: _____

This form is designed to assist *Head Start and Pre-K* in providing services to you and your child. You, as the parent are the child's most important teacher and you can provide valuable information by completing this form.

SKILLS AND ABILITIES	Needs No Help	Needs Some Help	Needs One-on- One
Self-help skills such as dressing, toileting and eating.			
Gross motor skills: (such as walking, jumping, climbing, and throwing a ball).			
Receptive language skills (understanding what other say): such as following simple commands like "wash your hands".			
Expressive language skills: (speaking clearly, stating wants, naming objects).			
Social-emotional skills (such as getting along with others). Appropriate expression of wants and feelings (such as controlling temper, not biting or hurting others), separation and attachment issues.			
Fine motor skills such as tying shoes, buttoning clothes, using scissors, and holding a pencil, etc.			
Thinking skills such as understanding numbers, remembering objects, symbols or events, and using information to solve problems.			

Can you tell me one or two things your child is interested in or does especially well?
Does your child sleep less than 8 hours a day or have trouble sleeping (such as being fretful, having nightmares, wanting to stay up late)? ____no ____yes (if "yes" describe child's sleeping arrangement – own room, own bed, etc.)
How does your child tell you that he/she has to go to the toilet?
Does your child wear ____diapers or ____pull ups during the day? ____yes ____no, child is potty trained (if "yes", Refer to Diaper/Pull-up Request # 8695).
Does your child worry a lot, or is he/she very afraid of anything? ____yes ____no If "yes", what things seem to cause him/her to worry or to be afraid?
Have there been any big changes or problems in your child's or Family's life in the past six months? ____yes ____no if "yes", please describe.
Is there anything else you would like us to know about your child? ____yes ____no if "yes" please describe.

Please mark all items below for which you might be interested in helping:

CLASSROOM ACTIVITIES

Reading books/Storytelling

Assist during free play activities

Assist in planning small group activities

Assist with hygiene activities (toothbrushing, handwashing, etc.)

Share special talents (cooking, singing, ethnic activities, etc.)

Plan and assist with art activities

Assist with special needs of children

Other _____

OUTSIDE CLASSROOM ACTIVITIES

Monitor playground to assure safety of children

Assist with field trips

Serve as a member of the On-Site committee

Share special games with children on the playground

Other _____

HOME ACTIVITIES

Prepare art activities for classroom use

Other _____