

Parent Education Needs Assessment

Would you like information on parenting skills? ___ Yes ___ No

If yes, please give us your contact information:

Name: _____

Address: _____

E-mail: _____ Phone: _____

How do you currently get your parenting information/advice/knowledge regarding parenting issues?

- ___ Doctors office
- ___ Family Members
- ___ Internet
- ___ Newspapers
- ___ Magazines
- ___ Other Local Agencies (if yes, please identify which agencies: _____)
- ___ Other (if yes, please identify where _____)

Topics that interest you:

- ___ Recognizing and choosing high-quality child care
- ___ Promoting positive parent and child care provider relationships
- ___ Addressing children's behavioral issues
- ___ Children's Social and Emotional Development
- ___ Age-Appropriate Activities
- ___ Developing children's language and literacy skills
- ___ Children's health and safety
- ___ Positive Parenting

Child Care Issues:

- ___ Federal policies
- ___ State policies
- ___ Local policies
- ___ Availability of child care
- ___ Accessibility of child care
- ___ Quality of child care
- ___ Economic Impact of Child Care
- ___ Cost of child care

Other Topics: _____

Please rank your preferred delivery method: (1 = first choice, 8 = last choice)

- one time workshop
- course (multiple sessions)
- mini –workshop (15 – 20 minutes)
- online workshop
- online course
- parent newsletter
 - email
 - US postal service
- website
- brochures/fliers

What days and times would you prefer? (Please Circle)

Mon.	Tue.	Wed.	Thurs.	Friday	Sat.	Sun.
Morning						
Afternoon						
Evening						

What months are best for you? (Please Circle)

January February March April May June July
August September October December

What location is best for you?

Near Home-town: _____
Near Work-town: _____
Near Work-employer & town: _____