

**Family Resource Center
Parent Survey
2018**

To better serve the students and families of Western Elementary, the Family Resource Center needs your input. Information from this survey will be used to develop programs and services throughout the year. Please complete only ONE survey per family. Thank you for your help!

Preschool Child Care	Y E S	N O
1. Do you need childcare for a child that is not in school?		
2. Would you like to receive information on licensed childcare facilities in Ohio County?		
3. Do you have a child (age 0-5) that attends child care?		
4. Do you feel that there is adequate, affordable childcare available for children that are not enrolled in school (Birth-5 years)?		
5. Are there days/times when childcare is needed, but not available? If so, when?		
6. Do you need help enrolling a 3 or 4 year old child in preschool?		
After-School Child Care & After School Programming	Y	N
1. Do you need childcare after school from 3:00 pm-6:00 pm?		
2. Do you need childcare during the summer?		
3. Do you have a child enrolled in afterschool childcare?		
4. Do you feel that there is adequate & affordable afterschool childcare available?		
5. Would you like to receive information on licensed after-school childcare facilities in our community?		
6. Would you like for Western Elementary to provide after-school clubs and/or classes for your child (ren) to attend? If so, please list some suggestions:		

Families in Training	Y	N
1. Are you a new parent or currently expecting a baby?		
2. Are you interested in attending trainings provided for new and expectant parents?		
3. Does your child need a male mentor (father figure friend) in their life at this time?		
Family Literacy Services	Y	N
1. Do you need assistance with obtaining a GED?		
2. Do you read to your child? If so how many minutes a week _____ (# of minutes)		
3. Are there a variety of reading materials in the home?		
4. Do you use Ohio County Imagination Library- if you have a child age birth-5?		
5. Do you need information on what your child is doing in the classroom and learn ways you can help?		
6. Have you ever attended one of Western Elementary Family Nights in the Fall or Spring?		
Health Services	Y	N
Do you need help with the following?		
1. Medical Care		
2. Dental Care		
3. Do you take your children to medical and dental checkups yearly?		
4. Nutritional Information		
5. Vision/Hearing		
6. Do you have private insurance?		
7. Do you have dental insurance?		
8. Do you have a medical card?		
9. Do you have K-Chip (KY Children's Health Insurance Program?)		
10. If you do not have insurance are you interested in receiving information about K-Chip (KY Children's Health Insurance Program)?		
11. Need help Controlling Lice?		
12. Need Hygiene Products at Home (shampoo, soap, deodorant, detergent, etc)?		
13. Drug and Alcohol abuse information for family members or child?		
14. Would you be interested in In School Counseling services for your child?		

Educational Support	Y	N
1 Do you have a computer at home?		
Do you have internet in your home?		
Do you need to learn computer skills?		
Do you need assistance with Job training?		
Do you need assistance with parenting skills (ways to discipline, understand, and help your child grow (emotionally and physically))?		
Are you interested in serving as a volunteer in our school?		
Are you a grandparent raising a grandchild?		
Do you understand our attendance policy?		
10. Do you need help getting your child to school?		
11. Do you feel like your child is bullied at school and would like to see more prevention programs?		
12. Do you think it is important for K-6 students to begin focusing on college and careers?		
13. Do you think transition programs are important for 6 th grade students to meet 6 th graders from other elementary schools prior to starting the Ohio County Middle School?		
Basic Needs	Y	N
1. Do you need assistance with food, clothing, housing, etc?		
2. Do you have transportation- car, truck, etc?		
3. Do you need help for the Holidays? (Thanksgiving & Christmas)		
Wellness	Y	N
1. Do you feel like your child gets enough exercise?		
2. Do you feel like Western Elementary promotes physical fitness to their students?		

3. What are the top 3 health issues you think interfere with learning?		
1.		
2.		
3.		

Total number in household _____ Number of children in household _____

What is your current marital status? _____ Single _____ Married _____ Separated _____ Divorced

Primary Caregiver is _____ Father _____ Mother _____ Both _____ Grandparent _____
Other

Parent/Guardian Name _____

Phone _____

Names of children enrolled in school

Any additional comments that you have or any other needs that should be addressed:

Contact Mrs. Story with the FRC for more info: 274-4575 or lynn.story2@ohio.kyschools.us

Thank you for your time!!