

# BIG SANDY HEAD START

## PFCE Family Needs Assessment

2023-2024

Delegate:

Center:

**Parent(s)/Guardian(s):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

*"If you have a positive attitude and constantly strive to give your best effort, eventually you will overcome your immediate problems and find you are ready for greater challenges."*

*Pat Riley*

FAMILY WELL-BEING				
<b>Safe and Adequate Housing</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<p><i>Do you own or rent your home? Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Homeless <input type="checkbox"/> Are you satisfied with your home?</i></p> <p><i>If you could make improvements to your home, what would it be? Are there any safety concerns with your current housing?</i></p>				
<b>Nutritional Awareness</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<p><i>Do you understand the nutritional guidelines? Do you have any nutritional concerns?</i></p> <p><i>Do you have enough food or able to provide food for the week/month? Discuss information provided by Lori Howard</i></p> <p><i>How do you obtain groceries? WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Pay out of pocket <input type="checkbox"/> Food Pantry/Church/local food drives <input type="checkbox"/></i></p> <p><i>Would you like information on any of the following: Nutritional Guidelines <input type="checkbox"/> Food Pantry's <input type="checkbox"/> Receiving Food Stamps <input type="checkbox"/> Receiving WIC <input type="checkbox"/></i></p>				
<b>Employment/Money Management</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<p><i>Are you currently: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Stay at home parent <input type="checkbox"/></i></p> <p><i>Do you have enough income to meet basic needs? If no or it's a struggle, can we help?</i></p> <p><i>Are you satisfied with your current situation? If there are advancement opportunities in your work, can we assist in helping you reach those goals?</i></p> <p><i>Do you need any help with money management/budgeting skills?</i></p> <p><i>What is your source of income? KTAP <input type="checkbox"/> SSI <input type="checkbox"/> SS <input type="checkbox"/> Employment: _____ Other _____</i></p>				
<b>Health/Medical</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<p><i>Does the entire family have health insurance? Type? Affordable? Applied and waiting?</i></p> <p><i>If no, would you like information on medical insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Do you rely on going to the ER or clinics for routine medical care?</i></p>				

Do you have a regular doctor? \_\_\_\_\_

Does your child have a pediatrician? \_\_\_\_\_

Do you have a regular dentist? \_\_\_\_\_

Does your child have a dentist? \_\_\_\_\_

Are you satisfied with your medical professionals?

Have you completed all the required health visits for child?

Do you maintain scheduled appointments? Yourself? Child?

<b>Stress and Resilience</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

Do you have mental health coverage as part of your insurance? Is it free of charge?

Can I support you in coping or mental health in any way?

How do you cope with stress?

That's what I am here for, to support you in good/bad times.

Are there any mental health concerns with your child?

Who do you go to for support?

<b>Transportation</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

Does the family have accessible/affordable/reliable transportation?

If not, who provides support to help you get to appointments?

Do you regularly utilize public transportation?

Do you need information on how to do so?

<b>Family Well-Being Totals</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

## Positive Parent-Child Relationship

<b>Family Relationships</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

What kinds of activities do you do as a family? Game night  Family dinner  Park  Movies  School functions  Other: \_\_\_\_\_

Who usually participates in the activities? Parents  Siblings  Grandparents  Extended Family  Friends  Other: \_\_\_\_\_

Are you interested in signing your child up for local sports teams?

<b>Head Start Involvement/Engagement</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

What do you think about the parent projects sent home?

How often do you get to volunteer in the classroom?

Do you understand where to access information regarding meetings about your child's education? i.e. the meetings listed below?

Are you involved with: Parent meetings  Policy Council  Policy Committee  Health Advisory  ARC  Parent-Teacher Conference  Home visits

Classroom Pages/Social Media Pages  Classroom Activities  Volunteering

Did you know you can bring a friend/family member for moral support to meetings?

<b>Developmental Screenings</b>	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

1st PFCE- Have you been given the results of all developmental screenings that occurred at the beginning of the year?

1st PFCE- Do you understand the developmental screening reports provided? Did the teacher break this report down for you? More questions?

2nd PFCE- Were you given the TSG assessment results up to this date?

2nd PFCE- Do you understand the results? Would you like more information?

Attendance	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

Attendance is very important. Does your child enjoy going to school?

If not, can we help in some way?

Has attendance been an issue?

If yes, is there a resource we can use to help with this?

<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

**Positive Parent-Child Relationships Totals**

### Families as Lifelong Educators

Families as Educators	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

1. What are some ways that you are promoting everyday learning at home?

i.e. Reading  Counting in everyday life  Nature walks  Help with recipes  Dress self  Independent skills  Pretend play  Drawing

Writing  Science Experiments

2. Would you be interested in sharing a learning experience with your child's classroom?

i.e. Something you know how to do and could transfer learning to the classroom.

3. Would you be interested in volunteering or working in Head Start?

4. Would you like information on educational community events?

5. Parent Projects - Do you always have the supplies needed?

<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

**Families as Lifelong Educators Totals**

### Family Connections to Peers and Community

Connections in School and Community	<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

1. Do you participate in any social events in the community: Church  Fishing  Library  Flea/Farmers Market  4-wheeling  Local Sports

2. Do you know about volunteer opportunities in the community?

4. Have you been added to our social media pages? Classroom page or Parent Group chat?

5. Do you need any help with community services? LIHEAP  Family Resource Center  Community Action  Extension office

6. Do you have a special interest or belong to a special social group you would like to share with others?

<b>Forerunner</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>

**Family Connections to Peers and Community Totals**

## Family Engagement in Transitions

Family Engagement in Transitions				
School Readiness	Forerunner	Level 1	Level 2	Level 3
<p><i>1st PFCE</i></p> <p>1. Are you familiar with school readiness? 2. Have you received a copy of the school readiness goals?</p>	<p><i>2nd PFCE</i></p> <p>1. Do you feel that your child is being prepared for kindergarten? 2. Do you know the enrollment process for kindergarten? 3. Do you know the office staff are at the school your child will attend next year?</p>			
<b>Family Engagement in Transitions Totals</b>				

## Families as Learners

Family Interest and Goals	Forerunner	Level 1	Level 2	Level 3
<p>1. What are some of your interests?    <input type="checkbox"/> Quilting   <input type="checkbox"/> Cooking   <input type="checkbox"/> Art /Crafting   <input type="checkbox"/> Outdoors   <input type="checkbox"/> Sports   <input type="checkbox"/> Others: _____</p> <p>2. Are you interested in furthering your education? <i>i.e. Programs- HVAC   <input type="checkbox"/> Nursing   <input type="checkbox"/> CDL   <input type="checkbox"/> CNA   <input type="checkbox"/> Other   <input type="checkbox"/> College   <input type="checkbox"/> Vocational   <input type="checkbox"/> GED   <input type="checkbox"/></i></p> <p>3. Did you know Head Start can help pay for some education classes? 4. Do you feel your child's personality affects their learning / development? Would you like more information on this? 5. Are there any parenting topics that you would like more information on?</p>				
<b>Families as Learners Totals</b>				

## Families as Advocates and Leaders

Leading and Advocating	Forerunner	Level 1	Level 2	Level 3
<p><i>1st PFCE</i></p> <p>1. Are you a part of any local groups? 2. How can we help you become more active in Head Start?</p> <p><i>2nd PFCE</i></p> <p>1. Did you enjoy the Head Start experience? Would you share this with others? 2. Do you understand the safety drills at school?</p>				
<b>Families as Advocates and Leaders Totals</b>				













