Head Start
Community Assessment

The purpose of this survey is to better understand what families need in order to improve and add to our Head Start services. Your feedback is very important and will be kept confidential. Thank you for taking the time to answer these questions. ***Please fill out only one survey per family.***

Tell Us about Yourself

1. What category best describes you?
   - ☐ Parent working in the home
   - ☐ Parent working outside the home
   - ☐ Parent in school
   - ☐ Foster parent
   - ☐ Grandparent/Guardian
   - ☐ Single parent
   - ☐ Teen parent in school
   - ☐ Teen parent working
   - ☐ Other_____

2. Your gender/sex:
   - ☐ Male
   - ☐ Female

3. Your age:
   - ☐ 15 and under
   - ☐ 16-21
   - ☐ 22-27
   - ☐ 28-33
   - ☐ 34-39
   - ☐ 40-45
   - ☐ 46-51
   - ☐ 52-59
   - ☐ 60 and over

4. Your ethnicity/race:
   - ☐ Mohawk/Other Six Nations
   - ☐ Alaskan
   - ☐ African-American
   - ☐ Asian/Pacific Islander
   - ☐ White/Anglo Caucasian
   - ☐ Hispanic
   - ☐ Other_____

5. What is the primary language spoken in your home?
   - ☐ English
   - ☐ Mohawk
   - ☐ Other_____

6. Are you or your spouse a Head Start graduate?

Yourself		*Spouse/Partner*
☐	Yes	☐
☐	No	☐

7. How many of your family members attended Head Start? _____

8. How important is spirituality in the lives of your child, yourself and family.

9. _____

10. Describe the traditional practices used in your family.

_____

_____

Tell Us about Your Family

11. What is your marital status?
    - ☐ Single
    - ☐ Married
    - ☐ Divorced
    - ☐
    - ☐
    - ☐

Separated ☐ Living with my partner ☐ Widowed ☐
Other_____

12. Which of the following best describes your family? [Check only one]
☐ Two Parent Family ☐ Single female head of household
☐ Single male head of household ☐ Other_____

13. How many family members reside in your home? _____

14. How many adults, including yourself, live in your household? _____

15. Which category best represents the age of the head of household? [Check only one]
☐ 18-24 ☐ 25-34 ☐ 35-44
☐ 45-54 ☐ 55-64 ☐ 65 or older

16. How many children live with you? (under 18 years old) _____

How old is each child?

	Child #1	Child #2	Child #3	Child #4	Child #5
0 to 2 years old					
3 to 5 years old					
6 to 13 years old					
14 to 17 years old					

Tell Us about Your Family's Home

17. List the community that you live in _____

18. If you currently live off the Akwesasne reserve, how many miles away from the reserve are you? _____

19. Are you currently homeless?
☐ Yes ☐ No

20. Have you ever been homeless?
☐ Yes ☐ No

If so, for how long? _____

21. About your home, does your family
☐ Rent ☐ Live with other people ☐ Own
☐ Other_____

22. What type of home do you have?
☐ Adobe/Stone ☐ HUD/Manufactured ☐ Trailer
☐ Other_____

23. About your living situation, does your family live
☐ Alone as a family ☐ With relatives ☐ With friends
☐ In a shelter ☐ Other_____

24. How often are these statements true about your housing?
Our housing is…

	Never True	Sometimes True	Often True	Always True
Just the right size	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Crowded
Needs major repairs
Old and aged
Kept in good condition

25. Does your home have adequate plumbing?
☐ Yes ☐ No

Tell Us about Your Family's Health Care

26. What type of health insurance do you have?
☐ None ☐ Medicaid ☐ Provided through work
☐ Private

If not insured, what are the main reasons why? [Check all that apply]
☐ Don't know how or where to get it ☐ Job doesn't provide it ☐ Don't need it
☐ Can't afford it ☐ Don't qualify for it ☐ Other_____

If you do not have insurance, are you eligible for Medicaid?
☐ No ☐ Yes ☐ Don't know

27. What type of insurance do(es) your child(ren) have?
☐ Same insurance ☐ Not insured ☐ Other

If not insured, what are the main reasons why? [Check all that apply]
☐ Don't know how or where to get it ☐ Job doesn't provide it ☐ Don't need it
☐ Can't afford it ☐ Don't qualify for it ☐ Other_____

28. Where do you usually take your child to get medical care? [Check all that apply]
☐ Family doctor ☐ Community health clinic ☐ Emergency room
☐ Family dentist ☐ IHS ☐ Other_____

29. What type of dental insurance do you have?
☐ None ☐ Medicaid ☐ Provided through work
☐ Private

30. What type of dental insurance do(es) your child(ren) have?
☐ Same insurance ☐ Not insured ☐ Other

Tell Us about Your Employment

31. Are you currently employed?

You		*Spouse*
☐	Not employed	☐
☐	Employed, full-time	☐
☐	Employed, part-time	☐
☐	Self employed	☐

If not, what keeps you from employment?

☐ Lack of child care ☐ No transportation ☐ Lack of Skills
☐ Fear of losing public assistance ☐ In School ☐ Other _____

32. Are other adult members in your family employed? [Check one for each if applicable]

Member 1		*Member 2*
☐	Not employed	☐
☐	Employed, full-time	☐
☐	Employed, part-time	☐
☐	Self employed	☐

Tell Us about Your Income

33. What is your annual household income?
☐ Less than $10,000 ☐ $10,000 - $14,999 ☐ $15,000 - $24,999
☐ $25,000 - $34,999 ☐ $35,000 - $44,999 ☐ $45,000 - $54,999
☐ $55,000 - $64,999 ☐ $65,000 and over

34. In what industry is the major wage earner in your home employed? [Circle number]
1. Agriculture
2. Construction
3. Manufacturing
4. Retail/Wholesale
5. Transportation, Communications, and Public Utilities
6. Finance, Insurance, Real Estate
7. Government (Includes Education)
8. Services (Includes Retail)
9. Retired
10. Homemaker
11. Craftsperson

35. Are you entitled to receive child support or alimony?
☐ No ☐ Yes, child support ☐ Yes, alimony

36. Do you receive your child support or alimony?
☐ No ☐ Yes, but rarely ☐ Yes, sometimes
☐ Yes, most of the time ☐ Yes, always

37. Do you receive Public Assistance?
☐ Yes ☐ No

If so, Please Indicate.
☐ Medicaid ☐ TANF ☐ Social Security
☐ Food Stamps ☐ Commodities ☐ SSI
☐ Housing ☐ Workers Compensation ☐ Unemployment Benefits
☐ Other_____

Tell Us about Your Transportation

38. How does your child get to Head Start?
☐ Car ☐ Head Start Bus ☐ Look for a ride ☐ Other_____

39. Is your family in need of transportation?
☐Yes ☐No

Tell Us about Your Education

40. Indicate the highest level of education completed by household:

Yourself		*Spouse/Partner*	*Other Adult*
☐	Some high school	☐	☐
☐	High School graduate	☐	☐
☐	Vocational school	☐	☐
☐	Some College	☐	☐
☐	AA degree (2 year degree)	☐	☐
☐	Bachelor's degree	☐	☐
☐	Some graduate school	☐	☐
☐	Master's Degree	☐	☐
			☐

41. Are you, your spouse/partner or other household member currently in school?

Yourself		*Spouse/Partner*	*Other Adult*
☐	No	☐	☐
☐	Yes, full-time	☐	☐
☐	Yes, part-time	☐	☐
☐	Other	☐	☐

42. If you, your spouse/partner or other household member are in school, what type of school?

Yourself		*Spouse/Partner*	*Other Adult*
☐	Working on GED	☐	☐
☐	Vocational School	☐	☐
☐	College	☐	☐
☐	Other	☐	☐

43. If you are not in school, do you, your spouse/partner or household member want to attend school in the future?

Yourself		*Spouse/Partner*	*Other Adult*
☐	No	☐	☐
☐	Yes	☐	☐

44. If No, explain why? _____

Tell Us about Services in Your Community

45. What barriers prevent families from getting needed services? [Check only what applies to you and your family]

☐Not aware of existing services	☐Services are too far from home	☐Waiting list are too long
☐Agencies not open at convenient time	☐Child care is not available	☐Transportation
☐Agency fees are too high	☐Rules & eligibility	☐Agency staff are rude
☐Concerns about confidentiality	☐Uncomfortable with "outsiders"	☐None

46. Indicate if your family has any of the following needs:

☐
☐
☐
☐

Education	☐ Employment services	☐ Food and nutrition help
Health-related or medical help	☐ Budgeting or stretching income	☐ Housing improvements
Resources in community	☐ Emergency rent, utility or shelter help	☐ Transportation
Child Care		

47. Who or where do you turn for assistance most often?

☐ Church	☐ Health clinic	☐ Friend
☐ Teacher	☐ Family member	☐ Co-worker
☐ Child care center	☐ Social services	☐ Other_____

48. Which Community Service do you receive and how adequate are they:

Use		Don't Know	Not Available	Poor	Good	Excellent
	Child Care					
	Community & Church organizations					
	Crisis Intervention & Counseling (BHS)					
	Education & Literacy(JOM/Library)					
	Employment & Training (WIA)					
	Mental Health Services(BHS/IHS)					
	Substance Abuse Treatment (BHS/IHS/Cottonwood)					
	Emergency Assistance (EMS/Fire Dept.)					
	Child Welfare & Foster Care (ISS)					
	Law Enforcement					
	Culture (Historic Preservation/Language Pres.)					
	Transportation (CHR)					
	Family Support Services (VOCA/BHS)					
	Health (Diabetes Program)					
	Public Health Services (IHS)					
	Roads Maintenance (POI Roads Dept.)					
	Housing Needs (PIHA)					
	Solid Waste Management					
	Legal aid (Courts/POI Legal Serv.)					
	Youth – Isleta Boys and Girls Youth Sports					

Tell us about your Special Needs

49. Do you have a child with special needs?

☐ Yes ☐ No

How old is this child? _____

50. Have you ever been involved in the referral process (e.g. referral meeting, permission, consent, etc.)?

☐ Yes ☐ No

51. What type of disability or special need does your child have?

☐ Speech and Language	☐ Mental Retardation	☐ Non Categorical/Dev. Delay
☐ Autism	☐ Hearing Impairment	☐ Learning Disabilities
☐ Health Impairment	☐ Visual Impairment	☐ Multiple Disabilities

52. Where does your child receive services?

☐ NAPPR	☐ APS	☐ LLPS
☐ Head Start	☐ Other_____	

53. If your child is receiving therapy services, would you like those services to continue throughout the summer?
☐ Yes ☐ No

54. Which services is your child receiving?
☐ Occupational Therapy ☐ Behavioral/Mental Health ☐ Other_____
☐ Physical Therapy ☐ Speech and Language

Tell Us How We Are Doing

55. How did you hear about ECDP Head Start?
☐ Friends/relatives ☐ Head Start flyer or brochure
☐ Head Start staff ☐ Saint Regis Mohawk Tribe Website
☐ Newspaper ☐ Other_____

56. Have you volunteered in the Head Start Program?
☐ Yes ☐ No

If yes, please check all of the ways you have volunteered?
☐ Helping in the classroom ☐ Helping with field trips ☐ Helping on the bus
☐ Serving on Parent/Ed. Committee ☐ Community Action Team (CAT) ☐ Helping with cooking
☐ Serving on Policy Council ☐ Special Projects ☐ Health Advisory Comm.
☐ Other_____

How would you rate your experience?
☐ Very good ☐ Good
☐ Needs Improvement ☐ Unacceptable

If no, why haven't you volunteered? _____

57. To help us plan for the future would you please tell us what program would best fit your needs?

☐ The current program 5 days per week, full day (8:30 – 4:30) September to June
☐ The current program 5 days per week, half day (8:30 – 1:00) September to June
☐ 5 days per week, full day; Year Round
☐ 5 days per week, half day; Year Round
☐ 2 to 3 days a week; Full Day
☐ 2 to 3 days a week; Half Day
☐ Early Head Start (Infants and Toddlers)

Please rate your experience in Head Start.

Please Check One:	Very Good	Good	Needs Improvement	Unacceptable
How understandable was the orientation you received to participate in the Head Start Program?				
How understandable are the application forms?				
How well do you think the staff answer your questions?				

How adequate is the number of contacts with Head Start staff?				
How comfortable are you speaking with Head Start staff?				
How well are Head Start staff meeting your family's needs?				
How well do you think staff are at doing what they say they will do?				
How well do you think Head Start is doing in assisting in your child's education?				
How well are you treated by staff?				
How well do you think staff respect your opinions, ideas, and concerns?				
How prompt are actions taken by staff to deliver services?				
How well do you think staff know you and your family?				
How would you rate the individualized attention your family receives from Head Start?				
Overall, how would you rate your child's experience in the classroom?				
Overall, how would you rate your experience in the Head Start program?				

58. What areas of the Head Start program do you feel could use improvement? (Check all that apply)

- ☐ Education/Literacy
- ☐ Health Assessment/Follow-up
- ☐ Family/Community Partnerships
- ☐ Curriculum
- ☐ Nutrition & Meal Service
- ☐ Disabilities Assessment/Follow-up
- ☐ Classroom environment
- ☐ Communication
- ☐ Transportation
- ☐ Culture
- ☐ Mental Health

59. Please list suggested improvements for the program.

_____

_____

_____

_____

_____

Tell Us about Your Training Interest

60. Please specify your interest level in attending the following training classes or workshops.

- ☐ Child Abuse & Neglect
- ☐ Child Growth & Development
- ☐ Computer training
- ☐ Continuing Education Training
- ☐ Dental
- ☐ Money management
- ☐ Nutrition
- ☐ Parenting Skills
- ☐ Technical or Vocational Training
- ☐ Self-esteem

Domestic Violence
Employment Training
First Aid
Food Preparation
Income Tax Filing

Substance Abuse
Challenging Behavior
Stress Management
Health, Wellness & Hygiene
Other _____