

**HANCOCK COUNTY EARLY HEAD START/
HEAD START/PRE-K
PARENT INPUT
2018-2019**





**Hancock County Head Start
PARENT INPUT INFORMATION**



SCHOOL YEAR _____

Program Enrollment: Early Head Start Head Start Pre-K

(Circle the requested program of enrollment for your child)

CHILD'S NAME: _____ DATE: _____
(Please Print)

Parent/Legal Guardians Signature: _____

1. Briefly describe your child's peer and/or adult interaction:

2. Is there a holiday activity in which your child cannot participate? If so, please let us know:

3. Is there a specific holiday that you would like to include? If so, please let us know:

4. Preferred laundry detergent for laundering your child's soiled clothes:

5. Can we take photos and/or videos of your child? Yes _____ No _____

6. Can your child's Education Team administer Speech/Language and Developmental screeners?
Yes _____ No _____

7. Can your child's Education Team administer the Pre-Referral Behavioral Evaluation Checklist?
Yes _____ No _____

8. Can your child's Education Team administer the "Program's" Assessment? Yes _____ No _____

9. Please list any special (disability/mental Health) needs your child may have along with needed supplies, equipment and materials to assist with her/his daily routine.

10. Will you allow all Early Head Start, Head Start/and or Pre-K program's all services area professionals/consultants to observe your child in the classroom setting? Yes ___ No ___

11. Is your child receiving any other services (i.e., speech, language, counseling, etc.) from any other agency? Yes _____ No _____

If yes, please name the agency _____

12. Please let us know about your child:

a. Can your child recognize the letters in his or her first name? ___ Yes ___ No
If not, please note letters your child do not know:

b. Can your child recognize and name numbers 1-10? Yes _____ No _____
If not, Please note numbers your child do not know:

c. Please check directions which your child understands and names: ___ left ___ right
___ up ___ down ___ in ___ out ___ middle of ___ end of ___ on top of
___ near ___ back of ___ beside ___ in front of ___ underneath

d. Please check the colors that your child can not recognize and name:
___ red ___ yellow ___ green ___ black ___ white ___ orange ___ brown
___ blue ___ purple ___ gray

Sharing snack activity	
Interacting with children in classroom areas	
Sorting materials	
Engaging children in classroom areas	
Sorting materials	
Engaging children during small group time	
Engaging children during large group time	
Participating with monthly field trips	
Engaging with outdoor play	

Please list any in-class activities that you would like to participate:

How well does your child deal with changing environments? Please explain.
