

HEAD START/PRE-K/EHS

PARENT INPUT

2014-2015



Hancock County

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 Guardian 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 and 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.
