NOCAC Head Start/ECE Family Strengths and Needs Survey

Assessment of Needs: Please check any of the following that apply		
Emergency		
Crisis Assistance		
Foo	d	
Clot	hing	
Trar	nsportation	
Hou	sing Assistance	
Men	ntal Health Services	
Lite	racy or Education	
Eng	lish as a Second Language	
Adu	It Education	
Job	Training	
Sub	stance Abuse Prevention	
Sub	stance Abuse Treatment	
Child Abuse and Neglect Services		
Don	nestic Violence Services	
Chil	d Support Assistance	
Health Education (including Prenatal)		
Assi	stance to Families of Incarcerated	
Pare	enting Education	
Mar	riage Education	
Asse	et Building Service	

Assessment of Strengths: Please check any of the following that apply to your family		
Communication	open, plentiful	
Togetherness	family outings, traditions	
Appreciation	express thanks	
Encouragement	providing support	
Division of Responsibilities	clear/equal tasks	
Flexibility	willing to compromise	
Affection/Love	physical expression	
Community and Family Ties	spirituality, extended family	
Commitment	loyalty, responsibility	
Forgiveness	willing to accept mistakes or apologies	
Shared Interests	enjoying activities together	
Friendship	closeness, companionship	
Security	confidence, well being	
Trust	reliance, faith	
Warmth	tenderness, kindness	
Respect	admiration, high opinion	

To the best of my ability I agree to partner with NOCAC Head Start/ECE to ensure my child is school ready. The Parent, Family and Community Engagement opportunities have been reviewed with me and I understand are available to me through out the program year.

Would you benefit from and/or are you interested in having support in any of the areas you identified above? (setting goals, receiving referrals/information for help etc.)

Please circle one

Child's Name

Center/Option

YES NO

Parent/Guardian Signature

Date