

NOCAC Head Start/ECE Family Strengths and Needs Survey

Assessment of Needs: Please check any of the following that apply	
	Emergency
	Crisis Assistance
	Food
	Clothing
	Transportation
	Housing Assistance
	Mental Health Services
	Literacy or Education
	English as a Second Language
	Adult Education
	Job Training
	Substance Abuse Prevention
	Substance Abuse Treatment
	Child Abuse and Neglect Services
	Domestic Violence Services
	Child Support Assistance
	Health Education (including Prenatal)
	Assistance to Families of Incarcerated
	Parenting Education
	Marriage Education
	Asset 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 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

YES

NO

Child's Name

Center/Option

Parent/Guardian Signature

Date