Head Start Program Community Assessment Survey

Your answers to the following questions will help us to better serve our community. Your opinion is important to us!

What issues concern you most in your neighborhood or community? Check your top 8 choices.

- Need more job training
- Not enough jobs
- Schools and education for children
- Safety in schools
- Condition of school buildings & facilities
- Illiteracy
- Language barriers (non-English speaking)
- Better use of finances
- Need affordable housing
- Homeless people
- Emergency services (police, fire, paramedics)
- Food for low-income people
- Food for the elderly
- Getting help for home or car repairs, etc.
- Getting available help for personal needs
- Health Care
- Communicable diseases (HIV/AIDS, hepatitis, etc)
- Lack of transportation
- Roads and street repair
- Flooding, sewage, and water services
- Utilities (gas, electric, water)
- Child care
- Teen pregnancy
- Need more recreational and social outlets
- Teenage delinquency
- Crime, thefts, robberies
- Violent crime
- Domestic violence
- Safety for citizens
- Child abuse and neglect
- Vacant buildings and run-down houses
- Drug and alcohol abuse
- Other:

What is your age?

What is your gender (sex)? ___ Female ___ Male

What is your ethnic group? Check one.

- African-American/Black
- White/Caucasian
- Hispanic/Latino
- Other:

What is the highest level of education you completed? Check one.

- Did not graduate from High School (11th grade or less)
- Earned high school diploma or GED
- Completed 1-2 years college or technical school
- Earned Associate degree or technical certificate
- Two year college degree or certificate
- Completed 3-4 years college or technical school
- Earned Bachelor's degree
- Earned Master's degree or higher

What is your employment status: Check only one.

- Full-time employed
- Part-time employed
- Seasonal work
- Self-employed
- Unemployed - student
- Unemployed - SS1 / Disability
- Unemployed - by choice (homemaker, etc.)
- Unemployed - can not find job
- Retired
- Other:

Are you the head of your household? ___ Yes ___ No

How many adults, counting yourself, live in your household?

How many children live in your household?

Is anyone in your household disabled? ___ Yes ___ No

If yes, how old are they?

Which community do you live in or near? Check one.

- Town name
- Town name
- Town name

List 3 things you like about your community and County:
Do you work for Head Start? ___ yes ___ no

Do you have a child in your household who is enrolled in Head Start?
___ yes ___ no

Do you have children who will be under five years old, as of Sept. 2, 2002? ___ yes ___ no If yes, how many children under age 5?

Do you think Head Start should be offered year-round? ___ yes ___ no