

# HELPING HANDS FRYSC NEEDS ASSESSMENT - PARENT

## PLEASE ANSWER THE FOLLOWING:

1. TOTAL NUMBER THAT LIVE IN YOUR HOME \_\_\_\_\_
2. NUMBER OF CHILDREN THAT LIVE IN YOUR HOME \_\_\_\_\_
3. EMPLOYMENT STATUS OF PARENTS (CIRCLE ONE)

FULL-TIME JOB   PART-TIME JOB   UNEMPLOYED   LAYED OFF

4. PLEASE CIRCLE ANY OF THE FOLLOWING THAT MIGHT HINDER YOUR CHILD FROM REACHING HIS/HER EDUCATIONAL GOALS:

POOR SELF ESTEEM

ATTENDANCE PROBLEMS (ABSENT OR TARDY)

BEHAVIOR PROBLEMS AT HOME

BEHAVIOR PROBLEMS AT SCHOOL

CONFLICT WITH PEERS

HEALTH ISSUES

COMMUNICATION PROBLEMS WITH SCHOOL

PROBLEMS HELPING YOUR CHILD WITH HOMEWORK

FAMILY ISSUES (DIVORCE/DEATH/ILLNESS, ETC...)

5. Please answer Yes or No for the following:

Do you need assistance with food or clothing? Y or N

Are you raising a child that is not biologically yours or that you have not adopted? Y or N

Do you think substance abuse education should be taught at our school? Y or N

Do you think bullying is a problem in our school? Y or N

Do you think students need a self-esteem class? Y or N

Do you think students need nutrition classes? Y or N

Do you think we need more after-school and/or summer activities at school? Y or N

6. On average, how many minutes does your family spend reading to or with their child each week? Please mark your best answer.

\_\_\_\_ We don't have time to read together

\_\_\_\_ 1 – 30 minutes

\_\_\_\_ 30 – 60 minutes

\_\_\_\_ 61 – 90 minutes

\_\_\_\_ 91 – 120 minutes

\_\_\_\_ More than 120 minutes

7. What are the top 3 health issues that interfere with learning?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you would like to be contacted about any issue please give us your name and phone number.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Helping Hands Family Resource Youth Service Center

270-528-7211

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