SAN BERNARDINO CITY
UNIFIED SCHOOL DISTRICT
Making Hope Happen

Child Development Program

Parent Involvement and Family Health and Social Services Needs

Student Name: _____

School: _____

Date: _____

Dear Parent:

We have been making special efforts to offer a better educational program to the children and parents. Encouraging parent participation is one way of doing it. Please take a moment and complete this survey.

Part 1 Check those items that you are interested in:

- ☐ Observing and visiting the classroom
- ☐ Serving on the Parent Advisory Committee
- ☐ Attending parent meetings
- ☐ Volunteering in the Classroom
- ☐ Parenting classes

Part 2 Provide the following information:

My interests and talents are _____.

_____.

The language spoken in my home is _____.

I prefer written and oral communications (ex. notices, flyers, conferences) in _____.

My parental attitude towards discipline is _____.

_____.

The best time for me to get involved is _____.

Part 3 I would like information on the following:

- ☐ Brain Development
- ☐ Kindergarten Readiness
- ☐ Language Development
- ☐ Dental
- ☐ Positive Discipline
- ☐ Biting
- ☐ Counseling
- ☐ Health
- ☐ Toilet Training
- ☐ Child Abuse
- ☐ Social Services
- ☐ Speech
- ☐ Other (please indicate) _____

Part 4 Please answer the following questions:

Does the child or family have any Emergency Assistance Needs?

☐ YES

☐ NO

If yes, please check off your needs

☐ Food ☐ Utilities

☐ Clothing ☐ Medical

☐ Transportation ☐ Dental

☐ Housing ☐ Other: _____

Has your child or family received services from district resources or other community agency in the past? ☐ YES ☐ NO

Please describe briefly: _____

_____.

Do you need a referral for Non-Emergency Case Management Resources?

☐ YES ☐ NO

If yes, please check off your needs

☐ Food ☐ Utilities

☐ Clothing ☐ Medical

☐ Transportation ☐ Dental

☐ Housing ☐ Other: _____

Part 5 What recommendations do you have for improving and increasing our parent involvement program? _____

_____

_____.

For office use only

No needs required at this time: Date: _____ Initials: _____

Referral made to: _____ Date: _____ Initials: _____

Resource list provided: Date: _____ Initials: _____

Lead Brochure given: Date: _____ Initials: _____