PARENT EDUCATION PAC SURVEY

Date ___________________________________________________________

Your Name _____________________________________ Child’s Name___________________________

What would you like more information about? (Please check all options that apply.)

Parenting
☐ Discipline issues
☐ Child development
☐ Communicating with children
☐ Anger management
☐ Custody/legal issues
☐ Fun family activities
☐ Reading to children
☐ Single parent/shared parenting issues
☐ Father/ men in your child’s life
☐ Grandparents raising children
☐ Self esteem
☐ Developmental concerns or delays
☐ Advocating with schools
☐ Preparing your child for kindergarten

Health/Nutrition
☐ CPR/First Aid
☐ Home safety/gun safety
☐ Stress management/self -care
☐ Family violence prevention
☐ Preparing for an emergency
☐ Finding/using health services
☐ Drug and alcohol information
☐ Dental care
☐ Immunizations
☐ Quit smoking/tobacco
☐ Talking to my doctor
☐ Getting children to eat
☐ Healthy meals and snacks
☐ Cooking with children
☐ Using mental health services
☐ Childhood illness

Other topic not listed above:

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I would like to participate in the Parent Advisory Council (PAC)
☐ Yes ☐ No

Would you be more likely to attend these meetings?
☐ On a weekday evening
☐ Lunch hour
☐ In the early morning before school starts

Please indicate hobbies and work experience that you could share with the parent group:

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Best time to contact you: ___________________________________________________________

Phone # __________________________________________________________________________

Email __________________________________________________________________________