

STAR NET Region IV Family Needs Survey

To best serve the families in our regions, we need your input. Please take a few moments to complete the following survey. Thank you.

How can we support your family or families being served by your program?

STAR NET provides educational and family workshops. Please list 3-4 workshop topics that would be of interest to you. If there is a particular speaker you would recommend, please list their name/contact information next to the topic.

When would it be most convenient for you to attend a workshop? (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Daytime or Evening

What can STAR NET do to assist families to attend an event, training or workshop?

If you are interested in helping to plan a family conference or family activity, please provide your name, telephone number and email on the line below:

What cities or specific locations would you prefer family activities/workshops to be held?

Other than workshops, what else could STAR NET do to provide information and/or support for your family?

Do you have internet access? No Yes email: _____

Program: Name of Agency/School _____

- | | |
|--|---|
| <input type="checkbox"/> Child Care ___ Home___ Center | <input type="checkbox"/> Preschool Expansion |
| <input type="checkbox"/> Community Preschool | <input type="checkbox"/> Early Childhood Special Education (ECSE) |
| <input type="checkbox"/> Early Intervention (EI) | <input type="checkbox"/> Blended ECSE/Preschool for All (PFA) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Primary (K-3) |
| <input type="checkbox"/> Preschool for All (PFA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> State Prevention Initiative (0-3) | |

Position:

- | | |
|--|---|
| <input type="checkbox"/> Administrator/Coordinator | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Family Educator | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> OT___ PT___ SLP___ | <input type="checkbox"/> Paraprofessional |
| <input type="checkbox"/> Developmental Specialist (EI) | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Service Coordinator (EI) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social Worker | |