

TRIBAL PROGRAM NEWS

SILETZ TRIBAL HEAD START

COMMUNITY NEEDS ASSESSMENT

This survey will identify needs that exist in our community and determine what programs and services would be relevant for Head Start to offer in the future. Your assistance will help us design programs that meet community needs. Thanks for your input and support.

Check One (Optional): Native American Other

Address: _____ County: _____

Family Data

Two-Parent Household Single-Parent Household Foster Parent Guardian Grandparent

Total number of household members: _____ Total number of children in family: _____

Age(s) of primary caregiver(s): _____ Age(s) of children: _____

Primary language spoken in the home: _____

Do any children have any condition that may be considered a disability or special need? Yes No Please explain: _____

Economic Information

Parent(s) Employed: Full-time Part-time Not Employed In Training/School

Gross Monthly Income: _____

Highest grade completed by caregiver: _____

Does family receive: TANF Food Stamps SSI GA Other: _____

Do you own or rent your home? _____

Transportation

Do you have reliable transportation? Yes No Do you have access to public transportation? Yes No

Do you have a telephone? Yes No

Child Care

Do you have children in child care now? Yes No What is the hourly/monthly rate? _____

How would you rate your child care? Poor Good Fair Tremendous

Have you had any problems accessing child care services? Yes No

Which of the following would best meet your needs: Center Based Home Based Head Start

Please rate the following from highest to lowest priority of need: 1=highest priority to 14=lowest priority

Employment	Adult/Higher Education	Preschool/Head Start	Recreation	Housing
Literacy	Health Care	Dental Care	Nutrition	Child Care
Parenting	Alcohol & Drug Awareness	Cultural Activities	Other:	

Please rate your level of awareness about the following Head Start services:

	Very Informed	Informed	Not Informed
Preschool Education			
Health Services			
Special Needs Services			
Parent Involvement			

Do you know of children ages 3-4 who are not currently enrolled in Siletz Tribal Head Start? Yes No

Are any of the children referred to in the previous question disabled? Yes No How many? _____

What do you see as the greatest need(s) facing families in the community?

Employment	Education	Preschool	Recreation	Housing
Health Care	Dental Care	Nutrition	Child Care	Literacy
Parenting	Alcohol & Drug Awareness			

Comments: **(Please return this form to your area office or mail it to DeAnn Brown, PO Box 549, Siletz, OR 97380)**