

Schoharie County
Community Action Program, Inc.

Child Care Resource and Referral Center

Parent Education Needs Assessment

Please fill out and email to: bfoland@sccapinc.org

Or mail to: Schoharie County Community Action Program
Attn: Child Care Resource and Referral Center
795 East Main Street, Suite 5, Cobleskill, NY 12043

Would you like information on parenting strategies? Yes No

If yes, please provide your contact information:

Name: _____
Address: _____
Email: _____ Phone: _____

How do you currently get your parenting information/advice/knowledge regarding parenting issues?

- Doctors' office
- Family members
- Internet
- Newspapers
- Magazines
- Other local agencies (please identify which agencies):

- Other (please identify where):

Topics that interest you:

- Recognizing and choosing high-quality child care
- Promoting positive parent and child care provider relationships
- Addressing children's behavioral issues
- Children's social and emotional development
- Age-appropriate activities
- Developing children's language and literacy skills
- Children's health and safety
- Positive parenting

Child Care Issues:

- Federal policies
- State policies
- Local policies
- Availability of child care
- Accessibility of child care
- Quality of child care
- Economic impact of child care
- Cost of child care

Other Topics: _____

Please rank your preferred delivery method: (1 = first choice, 8 = last choice)

- One time workshop
- Course work (multiple sessions)
- Mini workshops (15-20 minutes)
- Online workshop
- Online course
- Parent newsletter
- E-mail
- US postal service
- Website
- Brochures/fliers

What days and times would you prefer? (Please circle)

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

What months are best for you? (Please circle)

January	February	March	April	May	June
July	August	September	October	November	December

What location is best for you?

Near Home-town: _____

Near Work-town: _____

Near Work – employer & town: _____

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Phone: (518) 234-2568
 Toll Free: (866) 849-2402
 Fax: (518) 237-3507
 Website: www.sccapinc.org