



# {Insert Site Name} HIPPy Program

## PARENT GROUP MEETING ENRICHMENT SURVEY

We want to present those topics and themes that are of interest to you . . . and that will provide you with the information you need the most. In order to serve you better, we need you to tell us what you want.

**Please check all the activities that you would like to be included. Indicate as many as you like!**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arts and Crafts            | <input type="checkbox"/> Discipline                     | <input type="checkbox"/> Community Services             |
| <input type="checkbox"/> Reading Readiness          | <input type="checkbox"/> Child Safety                   | <input type="checkbox"/> Income Tax Credit Guidelines   |
| <input type="checkbox"/> Social/Emotional Skills    | <input type="checkbox"/> Furthering My Education        | <input type="checkbox"/> Family Planning                |
| <input type="checkbox"/> Preschool Music            | <input type="checkbox"/> Nutrition – Healthy Eating     | <input type="checkbox"/> Parenting Skills               |
| <input type="checkbox"/> Preschool Math             | <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Coping with Stress             |
| <input type="checkbox"/> Preschool Science          | <input type="checkbox"/> Child Health/Medical Issues    | <input type="checkbox"/> Preventing Child Abuse/Neglect |
| <input type="checkbox"/> Fine & Gross Motor Skills  | <input type="checkbox"/> Government Services/Assistance | <input type="checkbox"/> Single Parenting               |
| <input type="checkbox"/> Self Esteem                | <input type="checkbox"/> Family Budgeting               | <input type="checkbox"/> First Aid & Home Safety        |
| <input type="checkbox"/> Importance of Play         | <input type="checkbox"/> Job Opportunities              | <input type="checkbox"/> Recreational Activities        |
| <input type="checkbox"/> Child Growth & Development | <input type="checkbox"/> School District/Coop Services  | <input type="checkbox"/> Depression                     |

**Please give us your ideas:**

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**Group Meeting Information (select best days and time, check all that apply)**

- Morning  Afternoon  Evening  Monday  Tuesday  Wednesday  Thursday  Friday