

ABORIGINAL HEAD START ON RESERVE NEEDS ASSESMENT

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First Nations Training and Consulting Services
For: BC First Nations Head Start Program

The purpose of this Needs Assessment is to gather information from your family: the parents/caregivers and the child(ren). The information gathered will assist us in planning a Head Start program that will meet your family's needs. Since we believe that parents/caregivers are your child's most important teachers, we would like you to provide us with as much information as possible, so that we may get to know your child(ren). In addition, we would like you to tell us how we can assist you in your role as a parent/caregiver. The information in this assessment will only be shared with the Head Start Staff so that we can develop a quality Head Start program that meets you and your child(ren)'s needs.

I. CHILDREN INFORMATION (under 12 years of age):

Child's Name	Date of Birth	Medical/Special Need Concerns
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

II. PARENT/CAREGIVER INFORMATION:

Elementary/Secondary Completed. Please circle one. 7 8 9 10 11 12

Post-Secondary Education. Please explain.

Are you presently employed? If yes, please provide information. (i.e. full/part time, which organization?)

List the workshops and other education courses you have attended:

List the parent education, support groups that you have participated in:

ABORIGINAL HEAD START ON RESERVE NEEDS ASSESSMENT

In order to provide interesting and stimulating activities that will encourage your child's growth development. Please (✓) the topics that are of interest to you and your child(ren):

III. CULTURE AND LANGUAGE:

- | | | | |
|--|--------------------------|--------------------|--------------------------|
| Learning the language | <input type="checkbox"/> | Cultural Teachings | <input type="checkbox"/> |
| Cultural Activities such as fishing, berry picking, etc. | <input type="checkbox"/> | Arts and Crafts | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | Values | <input type="checkbox"/> |
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-

IV. EDUCATION:

- | | | | |
|--------------------------------|--------------------------|-----------------------------------|--------------------------|
| Behavior management | <input type="checkbox"/> | Talking with my child | <input type="checkbox"/> |
| Child's Growth and development | <input type="checkbox"/> | Enhancing my child's development | <input type="checkbox"/> |
| Help with my child at home | <input type="checkbox"/> | Understanding how my child learns | <input type="checkbox"/> |
| Children with special needs | <input type="checkbox"/> | Appropriate toys and books | <input type="checkbox"/> |
| Reading and literacy | <input type="checkbox"/> | Infant development | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | Disciplining my child | <input type="checkbox"/> |
-
-

Special needs such as:

- | | |
|--|--------------------------|
| Fetal Alcohol Syndrome/Effects | <input type="checkbox"/> |
| Attention Deficit Disorder | <input type="checkbox"/> |
| Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> |
| Physical Handicap | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |
-

V. HEALTH PROMOTION:

- | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|
| Immunizations | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| Baby bottle tooth decay | <input type="checkbox"/> | Infant and early childhood health | <input type="checkbox"/> |
| CPR and First Aid | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Preventative health care | <input type="checkbox"/> | Getting fit, weight control | <input type="checkbox"/> |
| Alcohol/Drug Abuse | <input type="checkbox"/> | Tobacco use and quitting | <input type="checkbox"/> |
| Car Seat Safety | <input type="checkbox"/> | Toothbrushing | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | Head Lice | <input type="checkbox"/> |

VI. NUTRITION:

- | | | | |
|-------------------|--------------------------|------------------------------|--------------------------|
| General Nutrition | <input type="checkbox"/> | First Nations Food Guide | <input type="checkbox"/> |
| Making baby food | <input type="checkbox"/> | Healthy Cooking | <input type="checkbox"/> |
| Breastfeeding | <input type="checkbox"/> | Choosing baby formula | <input type="checkbox"/> |
| Food Allergies | <input type="checkbox"/> | Meal Planning | <input type="checkbox"/> |
| Gardening | <input type="checkbox"/> | Canning and Preserving Foods | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | | |

VII. SOCIAL SUPPORT/PARENT AND FAMILY INVOLVEMENT:

A: Activities I am interested in:

- | | | | |
|-----------------------------------|--------------------------|-----------------------------------|--------------------------|
| Family planning and birth control | <input type="checkbox"/> | Single Parenting | <input type="checkbox"/> |
| Personal and Family problems | <input type="checkbox"/> | Alcohol/Drug abuse | <input type="checkbox"/> |
| Family Violence | <input type="checkbox"/> | Abuse | <input type="checkbox"/> |
| Gambling | <input type="checkbox"/> | Self Defense for women | <input type="checkbox"/> |
| Financial problems | <input type="checkbox"/> | Being aware of services available | <input type="checkbox"/> |
| Budgeting | <input type="checkbox"/> | Self esteem and confidence | <input type="checkbox"/> |
| Getting to know other parents | <input type="checkbox"/> | Career Skills | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | Employment Readiness | <input type="checkbox"/> |
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B: Services our family have used are: please (✓)

	Using Now	Used in the Past	Need Now
Income Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity/Paternity Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post natal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Community Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Community Health Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABORIGINAL HEAD START ON RESERVE NEEDS ASSESSMENT

	Using Now	Used in the Past	Need Now
Substance Abuse program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

Additional Information:

In raising your children, please tell us who you consider as a part of your support system? (i.e., family members, friends, community services/groups, etc.):

Name and relationship to family:

Supportive in the following ways:

VIII. PARENTAL/FAMILY INVOLVEMENT:

I can help the Head Start Program in the following ways:

Sharing First Nations Songs and Dances	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Sharing First Nations arts/crafts	<input type="checkbox"/>	Special skills (cooking, canning, etc.)	<input type="checkbox"/>
Crochet, knitting, quilting, etc.	<input type="checkbox"/>	Language Instruction	<input type="checkbox"/>
Plan and/or assist with activities such as field trips	<input type="checkbox"/>	Preparing educational materials at home for the program	<input type="checkbox"/>
Help with the newsletter	<input type="checkbox"/>	Sewing	<input type="checkbox"/>
Resource Library - Reading	<input type="checkbox"/>	Sharing Storytelling	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Teaching Cultural Activities	<input type="checkbox"/>

IX. FAMILY STRENGTHS AND GOALS:

We feel good about our family because:

We would like our family to be able to:

X. HEAD START SERVICES WE ARE INTERESTED IN:

A) Center Based:

Half Days 1. Child's name: _____
2. Child's name: _____
3. Child's name: _____

Full Time 1. Child's name: _____
2. Child's name: _____
3. Child's name: _____

B) Part time such as the following:

Mother Goose

Parent and Tot

Swimming

Field trips

Toy/Book lending library

Other:

C) Home Based where a Head Start Staff member comes in the home and works with me and my child(ren) once or twice per week.

ABORIGINAL HEAD START ON RESERVE NEEDS ASSESSMENT

Other comments, questions or suggestions:

Parent's/Caregiver's Name

Parent's/Caregiver's Signature

Date

Thank you for taking the time to fill out the Aboriginal Head Start On Reserve Needs Assessment.

For more information on our program and services, please contact:
