Southern New Hampshire Services

Child Development Program

**Early Head Start Parent Exit Survey**

1. Why did you choose to participate in Early Head Start?
2. What effect has the Early Head Start program had on your child?

3. How did Early Head Start make a difference in your life or the life of your family?

 4. How has the Early Head Start program prepared your child for preschool?

5. What suggestions do you have that could improve the Early Head Start program?

6. Would you be willing to share your Early Head Start story with our program and the Office of Head Start for use in brochures, reports and in outreach efforts? Yes \_\_\_ No \_\_\_

(Form available for completion, no identifiers needed if requested)

Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center based \_\_\_\_ Home Based \_\_\_\_

Years in Program \_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_