Southern New Hampshire Services

Child Development Program

**Head Start Parent Exit Survey**

1. Why did you choose to participate in Head Start?

2. What effect has the Head Start program had on your child?

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

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

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

6. Would you be willing to share your 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Day \_\_\_\_ Part Day \_\_\_\_

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