



Parent Name: _____

We are planning parent educational training opportunities for the upcoming school year. We would like feedback from families on topics you would like see offered. **Please check all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> Children's Behavior | <input type="checkbox"/> Safe Sleep |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> English Classes |
| <input type="checkbox"/> Health Related Topics | <input type="checkbox"/> Children with Disabilities |
| <input type="checkbox"/> GED/Continuing Education | <input type="checkbox"/> Finance/Budgeting |
| <input type="checkbox"/> School Readiness | <input type="checkbox"/> Computer/Internet Assistance |
| <input type="checkbox"/> Mealtime Troubles | <input type="checkbox"/> Potty Training |
| <input type="checkbox"/> Bedtime Routines | <input type="checkbox"/> Other |
-

Days and times you would like for playgroup.

Please select the day you prefer most:

- Monday
- Tuesday
- Wednesday
- Thursday

Please select the time you prefer most:

- 9-11
- 12-2