

2019-2020 Group Meeting Enrichment Survey

Site Name _____

Site ID _____

Date _____

GROUP MEETING ENRICHMENT SURVEY

ETO Data Entry Instructions: Families Program > Record NEW TouchPoint > Group Meeting Enrichment Survey TouchPoint

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="radio"/> Arts and Crafts | <input type="radio"/> Job Opportunities | <input type="radio"/> Alcohol and Drug Abuse |
| <input type="radio"/> Child Development | <input type="radio"/> School District Services | <input type="radio"/> Coping with Stress |
| <input type="radio"/> Self Esteem | <input type="radio"/> Community Services | <input type="radio"/> Sexually Transmitted Diseases |
| <input type="radio"/> Discipline | <input type="radio"/> Income Tax Credit Guidelines | <input type="radio"/> Single Parenting |
| <input type="radio"/> Furthering My Education | <input type="radio"/> Family Planning, Birth Control | <input type="radio"/> First Aid & Home Safety |
| <input type="radio"/> Beauty / Hair / Skin Care | <input type="radio"/> Childhood Diseases | <input type="radio"/> Recreational Activities |
| <input type="radio"/> Nutrition – Healthy Snacks | <input type="radio"/> Weight Control | <input type="radio"/> Domestic Violence |
| <input type="radio"/> Health Issues | <input type="radio"/> Budgeting, Shopping Wisely | <input type="radio"/> Child Abuse / Neglect |
| <input type="radio"/> Government Services | <input type="radio"/> Parenting Skills | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Banking / Budgets, etc. | <input type="radio"/> Marriage, Family Counseling | _____ |

What are your ideas? _____

Group Meeting Day(s) Preferred

- ☐ Monday
 ☐ Tuesday
 ☐ Wednesday
 ☐ Thursday
 ☐ Friday
 ☐ Saturday

Group Meeting Time(s) Preferred

- ☐ Morning
 ☐ Afternoon
 ☐ Evening

Child Care Needed During Group Meetings? ☐ Yes ☐ No

If Yes, how many children need childcare during the Group Meetings? _____

Age(s) of Children Needing Childcare During Group Meetings. Please check all that apply.

- ☐ 0 – 12 Months
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ Over 5