

Sacramento City Unified School District Child Development Department PARENT MEETING TOPICS SURVEY

Site_____ Parent's Name_____ Child's Name _____

To help us assess your needs and interests, please choose the <u>Top Three Topics</u> of greatest interest to you. Please number 1 in the box next to your first choice, and number 2 & 3 to your second and third choice. Leave the rest of the boxes blank.

	TRANSITION : Activities to help your child prepare to transition into kindergarten.
	HEALTH/NUTRITION: What foods and how much is vital for healthy development.
	DISCIPLINE: Strategies to teach children to making better choices.
	PERSONAL /HOME SAFETY : talking to kids about stranger safety & safety measures for adults. Tips on keeping your home safe and how to handle emergencies.
	STRESS: how to recognize and reduce stress in children and adults.
	SELF ESTEEM: how do children develop a positive self-image?
	<i>TELEVISION</i> : what does it teach children?
	HOME AND FAMILY MANAGEMENT: budgeting, smart shopping tips.
	SPECIAL EDUCATION SERVICES: what services are available?
	OTHER:
Please c	hose the best day of the week for you to meet?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please chose the best time for you to meet?

_____ 9-10 a.m. _____ 10-12 a.m. _____ 12-2 p.m. _____ 2-3 p.m. Other time: _____