MID-DELTA HEAD START
COMMUNITY ASSESSMENT

HEAD START STAFF OPINIONS

Please complete the following questionnaire regarding community needs. Your response will be used to provide information that will assist in assessing your community needs and planning for the Head Start Program. Your signature is optional but we ask each staff member to participate in this opinion survey.

1. What do you see as your community’s prevalent problems?
____________________________________________________________________________________
____________________________________________________________________________________
2. List the existing community resources of which you are aware.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
3. How accessible are the available resources?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
4. What are your suggestions for improving services?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
5. What additional resources are needed in your community?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Name (optional)

If additional space is needed, please attach another sheet or use back of page.