

1. Page 1 - General Information

The Needs Assessment covers the period from January 1, 2008 through December 31, 2008. If you have any questions or experience a technical problem with the needs assessment, please contact:

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501-425-9799

Please complete the survey no later than November 15, 2008

1. When did you

MM DD YYYY
begin the needs assessment / /
complete the needs assessment / /

2. Name and title of each person(s) who completed the survey.

1.
2.
3.
4.
5.

* 3. Head Start Agency Information

Name:
Address:
Address 2:
City/Town:
State:
ZIP/Postal Code:
Email Address:
Phone Number:

4. Contact person responsible for completing the survey

Name
Phone number
Email

2. Introduction for Head Start Agencies

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start grantees in the State (including Early Head Start grantees) in the areas of coordination, collaboration alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, State Early Learning Standards

The Head Start Act also requires the HSSCOs to use the results of the needs assessment to develop a strategic plan outlining how they will assist and support Head Start grantees in meeting the requirements of the Head Start Act for coordination, collaboration, transition to elementary school and alignment with K-12 education. HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public within the State.

The purpose of gathering this information is to identify your needs in the specified areas and inform the activities of the annually revised strategic plan for the Head Start State Collaboration Office in your state.

This needs assessment survey questionnaire is organized around the eight national priority areas for the HSSCOs. These priority areas are: 1) Health Services; 2) Services for Children Experiencing Homelessness; 3) Welfare//Child Welfare 4) Child Care; 5) Family Literacy; 6) Services for Children with Disabilities; 7) Community Services; and 8) Education. In addition, sections are included to cover the areas of Head Start- Pre-K Partnership Development, Head Start transition and Alignment with K-12 and Professional Development.

3. Part 1 Instructions

The survey includes three parts for each of the content areas indicated in the introduction.

Part 1 asks you to rate the extent of your involvement with various service providers/organizations related to the content area. This part uses the following 4-point Likert scale and definitions to reflect your progress in relationship-building at this point in time:

No Working Relationship - (little/no contact)

Cooperation - (exchange info/referrals)

Coordination - (work together)

Collaboration - (share resources/ agreements)

Definitions:

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

4. Part 2 Instructions

Part 2 asks you to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty is provided, ranging from "Not At All Difficult" to "Extremely Difficult." The purpose of this part is to assist you in identifying challenges you may be experiencing in building successful partnerships at the local and state levels to support the delivery of quality education and comprehensive services to your children and families.

5. Part 3 Instructions

Part 3 includes two open-ended questions at the end of each section of the survey instrument. The first will give you the opportunity to document any remaining concerns that were not covered in the survey. The second question gives you the opportunity to document what is working well in your program, and to indicate if any of these successful strategies/activities may be helpful to other programs.

6. Part 1 Health Care

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

Definitions:

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

* "Medical and Dental Home" means comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams

	No working relationship (little or no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Medical home* providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Dental home* providers for treatment & care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. State agency(ies) providing mental health prevention and treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Local agencies providing mental health prevention and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Agencies/programs that conduct mental health screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. WIC (Women, Infants Children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Children's health education providers (e.g., Child Care R&R, community-based training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Parent health education providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Home-visiting providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

K. Community Health Centers	jñ	jñ	jñ	jñ
L. Public health services	jñ	jñ	jñ	jñ
M. Programs/services related to children's physical fitness and obesity prevention	jñ	jñ	jñ	jñ

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Linking children to medical homes	jñ	jñ	jñ	jñ
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	jñ	jñ	jñ	jñ
C. Linking children to dental homes that serve young children	jñ	jñ	jñ	jñ
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	jñ	jñ	jñ	jñ
E. Getting children enrolled in CHIP or Medicaid	jñ	jñ	jñ	jñ
F. Arranging coordinated services for children with special health care needs	jñ	jñ	jñ	jñ
G. Assisting parents to communicate effectively with medical/dental providers	jñ	jñ	jñ	jñ
H. Assisting families to get transportation to appointments	jñ	jñ	jñ	jñ
I. Getting full representation and active commitment on your Health Advisory Committee	jñ	jñ	jñ	jñ
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	jñ	jñ	jñ	jñ
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	jñ	jñ	jñ	jñ

3. Please describe any other issues you may have regarding health care for the children and families in your program.

4. What is working well in your efforts to address the health care needs of the children and families in your program?? Which of these efforts do you think may be helpful to other programs?

7. Part 1 Services for Children Experiencing Homelessness

1. Using the definitions on page 2, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Local McKinney-Vento liaison	jn	jn	jn	jn
B. Local agencies serving families experiencing homelessness	jn	jn	jn	jn
C. Local housing agencies and planning groups (e.g., shelters, Ten Year Plan to End Homelessness committees)	jn	jn	jn	jn
D. Title I Director, if Title I funds are being used to support early care and education programs for children experiencing homelessness *	jn	jn	jn	jn

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

*Note: Title I funded preschool programs must follow the Head Start Performance Standards

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	jn	jn	jn	jn
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	jn	jn	jn	jn
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	jn	jn	jn	jn
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	jn	jn	jn	jn
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	jn	jn	jn	jn
F. Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	jn	jn	jn	jn
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	jn	jn	jn	jn

3. Comments:

4. Please describe any other issues you may have regarding services for children and families in your program experiencing homelessness.

5. What is working well in your efforts to address the housing needs of the children and families in your program who are experiencing homelessness? Which of these efforts do you think may be helpful to other programs?

8. Part 1 WELFARE/CHILD WELFARE

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. TANF agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Employment & Training and Labor services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Economic and Community Development Councils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Child Welfare agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Children's Trust agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Services and networks supporting foster and adoptive families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining information and data for community assessment and planning	jn	jn	jn	jn
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	jn	jn	jn	jn
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	jn	jn	jn	jn
D. Establishing and implementing local interagency partnerships agreements	jn	jn	jn	jn
E. Facilitating shared training and technical assistance opportunities	jn	jn	jn	jn
F. Getting involved in state level planning and policy development	jn	jn	jn	jn
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	jn	jn	jn	jn

3. Please describe any other issues you may have regarding the welfare/child welfare (family/child assistance) needs of the children and families in your program.

4. What is working well in your efforts to address the welfare/child welfare (family/child assistance) needs of children and families in your program, Which of these efforts do you think may be helpful to other programs?

9. Part 1 Child Care

1. Using the definitions provided below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. State agency for Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Child Care Resource & Referral agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Local child care programs for full-year, full- day services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. State or regional policy/planning committees that address child care issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with child care providers	jn	jn	jn	jn
B. Assisting families to access full-day, full year services	jn	jn	jn	jn
C. Aligning policies and practices with other service providers	jn	jn	jn	jn
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	jn	jn	jn	jn
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	jn	jn	jn	jn

3. Please describe any other issues you may have regarding access to child care services and resources

4. What is working well in your efforts to address the child care needs of the children and families in your program? Which of these efforts do you think may be helpful to other programs?

10. Family Literacy Services

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Dept. of Ed Title I, Part A Family Literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Employment and Training programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Adult Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. English Language Learner programs & services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Services to promote parent/child literacy interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Parent education programs/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Public libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. School libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Public/private sources that provide book donations or funding for books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Museums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Reading Readiness programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Providers of services for children and families who are English language learners (ELL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Even Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Recruiting families to Family Literacy Services	jn	jn	jn	jn
B. Educating others (e.g., parents, the community) about the importance of family literacy	jn	jn	jn	jn
C. Establishing linkages/partnerships with key literacy providers	jn	jn	jn	jn
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	jn	jn	jn	jn
E. Incorporating family literacy into your program policies and practices	jn	jn	jn	jn
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	jn	jn	jn	jn

3. Please describe any other issues you may have regarding family literacy services and resources?

4. What is working well in your efforts to address the literacy needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

11. Services for Children with Disabilities

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. State Lead Agency for Part B/619	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Local Part B/619 providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. State Lead Agency for Part C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Local Part C providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining timely evaluations of children	jn	jn	jn	jn
B. Having staff attend IEP or IFSP meetings	jn	jn	jn	jn
C. Coordinating services with Part C providers	jn	jn	jn	jn
D. Coordinating services with Part B/619 providers	jn	jn	jn	jn
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	jn	jn	jn	jn
F. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	jn	jn	jn	jn

3. Please describe any other issues you may have regarding services for children with disabilities and their families

4. What is working well in your efforts to address the needs of children with disabilities in your program? Which of these efforts do you think may be helpful to other programs?

12. Community Services

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Law Enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Providers of substance abuse prevention/treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Providers of child abuse prevention/treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Providers of domestic violence prevention/treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with law enforcement agencies	jn	jn	jn	jn
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services	jn	jn	jn	jn
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	jn	jn	jn	jn
D. Partnering with service providers on outreach activities for eligible families	jn	jn	jn	jn
E. Obtaining in-kind community services for the children/families in your program	jn	jn	jn	jn
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	jn	jn	jn	jn
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	jn	jn	jn	jn

3. Please describe any other issues you may have regarding community services for the families in your program? .

4. What is working well in your efforts to address the community services needs of the families in your program? Which of these efforts do you think may be helpful to other programs?

13. PARTNERSHIPS WITH STATE FUNDED PRE-K PROGRAMS (Arkansas Better Chance for S...

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (1-X), and a review of each of the activities.	jn	jn	jn	jn
B. No publicly funded pre-k in this state Check "no working relationship"	jn	jn	jn	jn

2. Head Start programs are required to have an MOU with publicly-funded Pre-K programs in their service areas. The MOU must include a review of, and plans to coordinate, as appropriate, 10 areas/activities, as listed below. For each of the following items, please rate the level of difficulty you have had in the past, or may have as you coordinate these activities with publicly-funded Pre-K programs. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Educational activities, curricular objectives and instruction	jn	jn	jn	jn
B. Information, dissemination and access for families contacting Head Start or other preschool program	jn	jn	jn	jn
C. Selection priorities for eligible children served	jn	jn	jn	jn
D. Service areas	jn	jn	jn	jn
E. Staff training, including opportunities for joint staff training	jn	jn	jn	jn
F. Program technical assistance	jn	jn	jn	jn
G. Provision of services to meet needs of working parents, as applicable	jn	jn	jn	jn
H. Communications and parent outreach for transition to kindergarten	jn	jn	jn	jn
I. Provision and use of facilities, transportation, etc.	jn	jn	jn	jn
J. Other elements mutually agreed to by the parties to the MOU	jn	jn	jn	jn

3. Please describe any other issues you may have regarding partnership development with Local Educational Agencies in your service areas.

4. What is working well in your efforts to develop partnerships with Local Education Agencies managing pre-k programs in your service areas? Which of these efforts do you think may be helpful to other programs?

14. Head Start Transition and Alignment with K-12

1. Using the definitions below, please rate the extent of your involvement with local education agencies (LEAs) during the past 12 months. Check one rating.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different LEAs, check the option that best describes your relationship with most of them

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	jn	jn	jn	jn
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)	jn	jn	jn	jn
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	jn	jn	jn	jn
D. Linking LEA and Head Start services relating to language, numeracy and literacy	jn	jn	jn	jn
E. Aligning LEA and Head Start curricula and assessments with Head Start Child Outcomes Framework	jn	jn	jn	jn
F. Aligning Head Start curricula with state Early Learning Standards	jn	jn	jn	jn
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	jn	jn	jn	jn
H. Coordinating transportation with LEAs	jn	jn	jn	jn
I. Coordinating shared use of facilities with LEAs	jn	jn	jn	jn
J. Coordinating with LEAs regarding other support services for children and families	jn	jn	jn	jn
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	jn	jn	jn	jn
L. Establish policies and procedures that support children transition to school that includes engagement with LEA	jn	jn	jn	jn
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	jn	jn	jn	jn
N. Exchanging information with LEAs on roles, resources and regulations	jn	jn	jn	jn
O. Aligning curricula and assessment practices with LEAs	jn	jn	jn	jn
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	jn	jn	jn	jn

3. Please describe any other issues you may have regarding Head Start transition and alignment with K-12 for the children and families in your program?

4. In your efforts to address the education/Head Start transition to school needs of the children and families in your program, what is working well? Which of these efforts do you think may be helpful to other programs?

15. Professional Development

1. Using the definitions below, please rate the extent of your involvement with each of the following service providers/organizations during the past 12 months. Check one rating for each.

No working relationship. You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You exchange information. This includes making and receiving referrals, even when you serve the same families.

Coordination. You work together on projects or activities. Examples parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration. You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Note: If you have different relationships with different providers/organizations in a category, check the option that best describes your relationship with most of them.

	No Working Relationship (little/no contact)	Cooperation (exchange info/referrals)	Coordination (work together)	Collaboration (share resources/agreements)
A. Institutions of Higher Education (4 year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. On-line courses/programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Child Care Resource & Referral Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Head Start T & TA Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Other T & TA networks (regional, state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Service providers/organizations offering relevant training/TA cross-training opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate the extent to which each of the following was difficult during the past 12 months. Select one rating for each item.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Transferring credits between public institutions of learning	jn	jn	jn	jn
B. Accessing early childhood education degree programs in the community	jn	jn	jn	jn
C. Accessing T & TA opportunities in the community (including cross-training)	jn	jn	jn	jn
D. Accessing scholarships and other financial support for professional development programs/activities	jn	jn	jn	jn
E. Staff release time to attend professional development activities	jn	jn	jn	jn
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	jn	jn	jn	jn
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	jn	jn	jn	jn

3. Please describe any other issues you may have regarding professional development activities and resources?

4. What is working well in your efforts to address the professional development needs of your staff? Which of these efforts do you think may be helpful to other programs?

16. Thank you!

Dr. Gonzales will aggregate the survey findings from all Head Start agencies in your state and then compile a report that will be forwarded to the Office of Head Start, regional office, made available to you and to the general public.

Thank you for taking the time to reflect on the co-ordination and collaboration challenges and accomplishments in your program(s). The cumulative findings from this needs assessment survey will assist your collaboration director to support your program needs in the collaboration and systems development work in your state. Our shared goal is to support and promote your success in serving our children and families.