





## Social Services Questionnaire

As you know in order to achieve compliance with Head Start Performance Standards we have been making changes to the manner in which social services are provided to our Head Start families. We'd very much like your assistance and feedback on the issue of social services in order to develop a system that works effectively to serve Head Start families.

What center do you work at? \_\_\_\_\_

What types of social services are most often requested by Head Start families? Please list the top 3-5 services with the most frequently requested first.

Of the social services requested, what are the services that are the most difficult to provide or that you are unable to provide?

Please give us your feedback and ideas for improvement on the following areas:

Our social services delivery system:

Staff/program competency in the area of social services:

Staff training needs in social services:

Our filing system for documenting social services:

Combining the child education and family plans:

Other suggestions for improving social services for Head Start families?

## HEAD START

### Social Services Questionnaire

Which Head Start Center does your child attend?

If you had problems getting food stamps or other community services for your family who would you talk to at Head Start?

At Head Start each family has an assigned social services worker. It might be your child's teacher, the center coordinator, or a family worker. Do you know the name of your assigned worker?

How would you rate the skills and helpfulness of your social services worker the scale below?

Not skilled  
or helpful

Highly skilled  
or helpful

Any other comments on the skills or helpfulness of your social services worker?

Have you and your social services worker completed a family plan?

What are the most important issues you identified to work on in your family plan?

Any suggestions for how we can improve social services to Head Start families?

Thank you for taking the time to answer these questions.

COMMUNITY ACTION ORGANIZATION  
WEATHERIZATION EVALUATION

NAME \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

Was the weatherization work completed to your satisfaction?

Comments \_\_\_\_\_

Was the agency staff (the auditor and inspector) courteous and professional?

Comments \_\_\_\_\_

Was the private contractor's staff courteous and professional?

Did the private contractor's staff arrive at the scheduled time?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was the work site cleaned up when the crew finished?

Would you allow your home to be inspected by the Department of Energy when they visit our program to review our work?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any other comments?

Thank you for taking the time to fill out this evaluation. Your comments will help us in making our program better. Please return to CAO's inspector when the weatherization work is inspected.

WCCAO EMERGENCY FAMILY SHELTER  
210 S.E. 12th  
HILLSBORO, OR 97123

Resident Evaluation Sheet

We appreciate your help in filling out this evaluation. Please feel comfortable to answer freely. We need your feedback and ideas to make the WCCAO Shelter program a success.

Your length of stay at the Shelter: \_\_\_\_\_

For the following please circle the number closest to how you feel on a scale of 1 (excellent) to 5 (not satisfactory).

1. The safety of the Shelter 1 2 3 4 5  
Comments: \_\_\_\_\_
2. House Rules 1 2 3 4 5  
Comments: \_\_\_\_\_
3. Chore Set-up 1 2 3 4 5  
Comments: \_\_\_\_\_
4. Interaction with other residents 1 2 3 4 5  
Comments: \_\_\_\_\_
5. Sleeping Areas 1 2 3 4 5  
Comments: \_\_\_\_\_
6. Kitchen and eating areas 1 2 3 4 5  
Comments: \_\_\_\_\_
7. Bathrooms 1 2 3 4 5  
Comments: \_\_\_\_\_
8. Laundry Facilities 1 2 3 4 5  
Comments: \_\_\_\_\_
9. Children's Areas 1 2 3 4 5  
Comments: \_\_\_\_\_

The following questions are about support you received at the WCCAO Shelter.

CASE MANAGEMENT

10. How often was the Case Manager available to talk to you?  
1 2 3 4 5  
Comments: \_\_\_\_\_
11. What issues did the Case Manager help you with?  
\_\_\_\_\_  
\_\_\_\_\_

12. The Case Manager helped me discover resources and options.  
1 2 3 4 5  
Comments: \_\_\_\_\_

13. The Case Manager was sensitive to my needs. 1 2 3 4 5  
Comments: \_\_\_\_\_

CHILDREN'S PROGRAM

14. Days and times provided 1 2 3 4 5  
Comments: \_\_\_\_\_

15. Activities provided 1 2 3 4 5  
Comments: \_\_\_\_\_

16. Children's Program Coordinator 1 2 3 4 5  
Comments: \_\_\_\_\_

17. Suggestions for improving the children's program  
\_\_\_\_\_  
\_\_\_\_\_

SHELTER STAFF

18. The Shelter Staff was sensitive to my needs. 1 2 3 4 5  
Comments: \_\_\_\_\_

19. The Shelter Staff was sensitive to my children's needs.  
1 2 3 4 5  
Comments: \_\_\_\_\_

SPECIAL ACTIVITIES

20. Parenting Classes 1 2 3 4 5  
Comments: \_\_\_\_\_

21. Resident Meetings 1 2 3 4 5  
Comments: \_\_\_\_\_