

INTRODUCTION FOR HEAD START AGENCIES

The Head Start State Collaboration Offices are required by the Head Start Act (as amended in December 2007) to annually assess the needs of Head Start agencies in the areas of coordination and collaboration. This needs assessment instrument has been organized around the eight national priority areas for collaboration offices' work. These areas are: 1) Health Services; 2) Children and Families Experiencing Homelessness; 3) Family/Child Assistance; 4) Child Care; 5) Family Literacy; 6) Children with Disabilities; 7) Community Services; and 8) Education (Publicly-funded Pre-K Partnership Development and Head Start Transition and Alignment with K-12). A ninth area, Professional Development has also been included.

The purpose of gathering this program information is to support the direction and inform the activities of the annually revised strategic plan for the Head Start State Collaboration Office in Washington.

The survey includes three parts for each of the nine content areas as follows:

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); and Collaboration (share resources/agreements).

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," as shown below. 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.

PART 3 includes two open-ended questions at the end of each of the nine sections 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 might be helpful to other programs.

Your Head Start State Collaboration Director will aggregate the survey findings from all Head Start agencies in your state and then compile a report that will be forwarded to your regional office, made available to you and to the public.

Thank you for taking the time to reflect on the coordination 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.

Due Date: Please complete this survey by December 15, 2008 via Survey Monkey.

If several people will be filling out the survey: We recommend downloading a copy, printing it out, and having staff fill out their respective sections; then have *one* person enter the completed survey information into Survey Monkey.

For a downloadable copy of this survey: [click here](#).

If you have any questions about this survey, please contact: Kelli Bohanon, Head Start State Collaboration Office Project Manager at: (360) 725-4940 or kelli.bohanon@del.wa.gov

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; an MOU on transition, etc.

Head Start Agency Information

1. Date survey was completed:

Month, Day, Year MM DD YYYY
 / /

2. Names and titles of persons completing this survey:

Name:
Title:
Name:
Title:
Name:
Title:
Name:
Title:
Name:
Title:
Name:
Title:
Name:
Title:

3. Head Start Agency Information:

Head Start Agency:
Address:
Address 2:
City/Town:
State:
ZIP:
Email Address:
Phone Number:

4. Agency Program Options (select all that apply):

- Head Start
- Early Head Start
- Migrant/Seasonal Head Start
- American Indian/Alaska Native
- Child Care Partnership Option

5. Contact information for person responsible for this survey:

Name:	<input type="text"/>
Title:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

1. HEALTH CARE

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. 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. Department of Social and Health Services- Health and Recovery Services Administration (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 and 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. Parent health education providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Community Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Programs/services related to children's physical fitness and obesity prevention	<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. Linking children to medical homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Linking children to dental homes that serve young children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Getting children enrolled in Medicaid or CHIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Arranging coordinated services for children with special health care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Assisting parents to communicate effectively with medical/dental providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Assisting families with transportation to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Getting full representation and active participation on your Health Services Advisory Committee (HSAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead testing, nutrition reports, home-visit reports, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What, if any, other issues do you have regarding health care for the children and families in your program?

Please describe:

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

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

2. 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 (through regional Educational Service District (ESD) or school districts)	jñ	jñ	jñ	jñ
B. Local agencies serving families experiencing homelessness	jñ	jñ	jñ	jñ
C. Local housing agencies and planning groups (e.g., shelters)	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. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act.	jñ	jñ	jñ	jñ
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment.	jñ	jñ	jñ	jñ
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while in the process of obtaining required enrollment documents.	jñ	jñ	jñ	jñ
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	jñ	jñ	jñ	jñ
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	jñ	jñ	jñ	jñ
F. Entering into an Memorandum of Understanding (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	jñ	jñ	jñ	jñ
G. In coordination with local school district, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	jñ	jñ	jñ	jñ

3. What, if any, other issues do you have regarding services for children and families in your program experiencing homelessness?

Please describe:

4. In your efforts to address the housing needs of the children and families in your program who are without homes, what is working well? Which of these efforts do you think might be helpful to other programs?

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

3. FAMILY/CHILD ASSISTANCE

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. Department of Social and Health Services-Community Services Division (e.g. TANF, food stamps, Medicaid, child care subsidy, etc.)	jn	jn	jn	jn
B. Washington State Employment Security Department	jn	jn	jn	jn
C. Department of Social and Health Services-Children's Administration (services and networks supporting foster and adoptive families)	jn	jn	jn	jn
D. Council for Children and Families (formerly Washington Council for Prevention of Child Abuse and Neglect/WCPCAN)	jn	jn	jn	jn
E. Services and networks supporting children and families of incarcerated parents	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).

	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. Exchanging information on roles & resources with other service providers regarding family/child assistance services	jn	jn	jn	jn

3. What, if any, other issues do you have regarding the family/child assistance needs of the children and families in your program?

Please describe:

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

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

4. CHILD CARE

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. Department of Early Learning (lead child care agency)	jñ	jñ	jñ	jñ
B. Child Care Resource & Referral agencies	jñ	jñ	jñ	jñ
C. Local child care programs for full-year, full- day services	jñ	jñ	jñ	jñ
D. State or regional policy/planning committees that address child care issues (e.g., QRIS, CCDF, etc.)	jñ	jñ	jñ	jñ
E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	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. Establishing linkages/partnerships with child care providers	jñ	jñ	jñ	jñ
B. Assisting families to access full-day, full-year services	jñ	jñ	jñ	jñ
C. Supporting families in accessing child care subsidies	jñ	jñ	jñ	jñ
D. Aligning policies and practices with other service providers	jñ	jñ	jñ	jñ
E. Sharing data/information on children that are jointly served between Head Start and Child Care (assessments, outcomes, individualized plans, etc.)	jñ	jñ	jñ	jñ
F. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	jñ	jñ	jñ	jñ

3. What, if any, other issues do you have regarding access to child care services and resources?

Please describe:

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

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

5. FAMILY LITERACY SERVICES

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. Employment and Training programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Adult Education programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. English Language Learner programs & services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Services to promote parent/child literacy interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Parent education programs/services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Public libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. School libraries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Public/private sources that provide book donations or funding for books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Museums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. 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"/>
K. 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"/>
L. Even Start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Translation/Interpretive services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Americorps (literacy volunteers)	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Educating others (e.g., parents, the community) about the importance of family literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Establishing linkages/partnerships with key literacy providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Incorporating family literacy into your program policies and practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What, if any, other issues do you have regarding family literacy services and resources?

Please describe:

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

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

6. CHILDREN WITH DISABILITIES AND THEIR FAMILIES

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. Office of Superintendent of Public Instruction (State Lead Agency for Part B/619)	jn	jn	jn	jn	jn
B. Local Part B/619 providers (school districts)	jn	jn	jn	jn	jn
C. Infant/Toddler Early Intervention Program (State Lead Agency for Part C)	jn	jn	jn	jn	jn
D. Local Part C providers	jn	jn	jn	jn	jn
E. Federally-funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, etc.)	jn	jn	jn	jn	jn
F. University/community college programs/services related to children with disabilities (e.g., University of Washington's Experimental Education Unit, etc.)	jn	jn	jn	jn	jn
G. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Councils, preschool special education work/advisory groups, etc.)	jn	jn	jn	jn	jn
H. Children with Special Health Care Needs (Department of Health)	jn	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).

	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 (plans, 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
G. Securing services for children with disabilities in the summer months	jn	jn	jn	jn

3. What, if any, other issues do you have regarding services for children with disabilities and their families?

Please describe:

4. In your efforts to address needs of children with disabilities and their families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

7. COMMUNITY SERVICES

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. Law Enforcement agencies (e.g., Washington State Patrol, County Sheriff, City Police, etc.)	jñ	jñ	jñ	jñ
B. Providers of substance abuse prevention/treatment services (Council for Children and Families, DSHS, etc.)	jñ	jñ	jñ	jñ
C. Providers of child abuse prevention/treatment services (DSHS, etc.)	jñ	jñ	jñ	jñ
D. Providers of domestic violence prevention/treatment services (DSHS, etc.)	jñ	jñ	jñ	jñ
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc)	jñ	jñ	jñ	jñ
F. Providers of emergency services (e.g., Red Cross, Washington State Patrol, Fire Department, etc.)	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. Establishing linkages/partnerships with law enforcement agencies	jñ	jñ	jñ	jñ
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services	jñ	jñ	jñ	jñ
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	jñ	jñ	jñ	jñ
D. Partnering with service providers on outreach activities for eligible families	jñ	jñ	jñ	jñ
E. Obtaining in-kind community services for the children/families in your program	jñ	jñ	jñ	jñ
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	jñ	jñ	jñ	jñ
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	jñ	jñ	jñ	jñ

3. What, if any, other issues do you have regarding community services for the families in your program?

Please describe:

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

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

8A. Publicly Funded Pre-K Partnership Development (Education)

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).

	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) (I-X), and a review of each of the activities.	jñ	jñ	jñ	jñ

*If not applicable, please leave blank.

2. Head Start programs are required to have an Memorandum of Understanding (MOU) with publicly-funded Pre-K programs. The MOU must include a review of, and plans to coordinate as appropriate, 9 areas/activities, as listed below. For each of the following items, please rate the level of difficulty you have had in the past, or expect to have, as you develop partnerships 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	jñ	jñ	jñ	jñ
B. Selection priorities for eligible children served	jñ	jñ	jñ	jñ
C. Service areas	jñ	jñ	jñ	jñ
D. Staff training, including opportunities for joint staff training	jñ	jñ	jñ	jñ
E. Program technical assistance	jñ	jñ	jñ	jñ
F. Provision of services to meet needs of working parents, as applicable	jñ	jñ	jñ	jñ
G. Communications and parent outreach for transition to kindergarten	jñ	jñ	jñ	jñ
H. Provision and use of facilities, transportation, etc.	jñ	jñ	jñ	jñ
I. Other elements mutually agreed to by the parties to the MOU	jñ	jñ	jñ	jñ

3. What, if any, other issues do you have regarding education/pre-k partnership development for the children and families in your program?

Please describe:

4. In your efforts to address the education/pre-k program needs of the children and families in your program, what is working well? Which of these efforts do you think might be helpful to other programs?

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

8B. Head Start Transition and Alignment with K-12 (Education)

1. Using the definitions on page 2, please rate the extent of your involvement with local school districts during the past 12 months (*check one rating*).

NOTE: If you have different relationships with different school districts, 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 School Districts regarding transition from Head Start to kindergarten	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. Partnering with school districts to implement systematic procedures for transferring Head Start program records to school	jñ	jñ	jñ	jñ
B. Ongoing communication with school districts to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)	jñ	jñ	jñ	jñ
C. Establishing and implementing comprehensive transition policies and procedures with school districts	jñ	jñ	jñ	jñ
D. Linking school districts and Head Start services relating to language, numeracy and literacy	jñ	jñ	jñ	jñ
E. Aligning school district and Head Start curricula and assessments with Head Start Outcomes Framework	jñ	jñ	jñ	jñ
F. Partnering with school districts and parents to assist individual children/families to transition to school, including review of portfolio/records	jñ	jñ	jñ	jñ
G. Coordinating transportation with school districts	jñ	jñ	jñ	jñ
H. Coordinating shared use of facilities with school districts	jñ	jñ	jñ	jñ
I. Coordinating with school districts regarding other support services for children and families	jñ	jñ	jñ	jñ
J. Conducting joint outreach to parents and school districts to discuss needs of children entering kindergarten	jñ	jñ	jñ	jñ
K. Establish policies and procedures that support children transition to school that includes engagement with school districts	jñ	jñ	jñ	jñ
L. Helping parents of English Language Learners (ELL) children understand instructional and other information and services provided by the receiving school	jñ	jñ	jñ	jñ
M. Exchanging information with school districts on roles, resources and regulations	jñ	jñ	jñ	jñ
N. Aligning curricula and assessment practices with school districts	jñ	jñ	jñ	jñ
O. Organizing and participating in joint training, including transition-related training for school district staff and Head Start staff	jñ	jñ	jñ	jñ

3. What, if any, other issues do you have regarding education/Head Start transition and alignment with K-12 for the children and families in your program?

Please describe:

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 might be helpful to other programs?

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments:

9. PROFESSIONAL DEVELOPMENT

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. 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 and technical 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. Office of 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Accessing early childhood education degree programs in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Accessing T & TA opportunities in the community (including cross-training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Accessing scholarships and other financial support for professional development programs/activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Staff release time to attend professional development activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Accessing on-line professional development opportunities (e.g., lack of equipment, internet connection, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What, if any, other issues do you have regarding professional development activities and resources?

Please describe:

4. In your efforts to address the professional development needs of your staff, what is working well? Which of these efforts do you think might be helpful to other programs?

Please describe:

5. If you represent a Migrant/Seasonal or American Indian/Alaska Native program, what unique needs or barriers exist in this area for your program?

Please describe:

6. Other comments: