



Georgia Department of Early Care and Learning

Summer Transition Program Family Survey

In an effort to identify and best serve the needs of the families and children in the Summer Transition Program, we ask that you complete the following survey. The survey will assist the Transition Coach in planning activities throughout the six week program.

Parent/Guardian name: _____

Email Address: _____

Best Contact Phone Number: _____

Child name: _____

Please check any topics that would be of interest to you:

- Discipline and Parenting Workshop
- Health and Safety Workshop
- Computer Class
- Budgeting Ideas
- Parent and Child Activities to do at home
- Parent and Child Activities to do in the community
- First Aid
- Health Fair
- Developmental Stages of Children
- Community Resources
- Food and Nutrition
- How to create a family fun night on a budget
- Other: _____

Please check any areas of need for which you would like assistance:

- Housing
- Budget Counseling
- Clothing
- Education
- Employment
- After School Child Care



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What is your preferred method of communication?

- Email _____
- Phone call _____
- Text _____
- Other _____

Please list the best time for you to participate in workshops and activities:

- Morning (Best Time: _____)
- Afternoon (Best Time: _____)
- Evening (Best Time: _____)

In order for me to participate in the parent activities, I would need assistance with the following:

- Child Care
- Transportation
- Other _____
- I do not need assistance with any of the above

Are you interested in volunteering during the Summer Transition Program?

- Yes
- No

Comments or suggestions:
