Family Interest Inventory

Dear Family,

Your needs and interests are very important to us. We are partners in this program. Please take a few minutes to help us understand your current interests and needs. We will use this information to design family events to meet your needs.

I am ir	nterested in learning more about:
	Helping my child get ready for or do well in school.
	Helping myself or my child deal with loss or grief.
	Helping myself or my child deal with extended separation or deployment.
	Helping myself or my child deal with divorce.
	Dealing with alcohol or drugs (for preteens or teens).
	Ways our community or program can help families or teens find work.
	Ways to help my child make friends or be active in the community.
	Healthy eating and obesity prevention.
	Ways to increase physical activity.
	Post-Traumatic Stress Disorder.
	Parenting support groups or resources about parenting.
	Tips for bouncing back from challenges.
	Safe sleep for infants.
	Toilet training.
	Suicide prevention.
	Preventing school violence.
	Budgeting and money.
	Other:
	Other:
I am c	oncerned about:
	Bullying in my child's school or program.
	Children or family members with anger issues.
	Recognizing or responding to child abuse or neglect.
	My child's special needs.
	Transitions (within programs and across programs).
	Violence in our community.
	Other:
	Other: