



SCHUYLER COUNTY CHILD CARE COORDINATING COUNCIL

**Parent Education Needs Assessment**

**Would you like information about parenting skills?** \_\_\_ Yes \_\_\_ No

If yes, please provide your contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Topics that interest you: (check all that apply)**

- \_\_\_ Recognizing and choosing high-quality child care
- \_\_\_ Addressing children's behavioral issues
- \_\_\_ Children's social and emotional development
- \_\_\_ Age-appropriate activities
- \_\_\_ Developing children's language and literacy skills
- \_\_\_ Ensuring children's health and safety
- \_\_\_ Promoting positive parent and provider relationships
- \_\_\_ Other: (Please specify) \_\_\_\_\_

**Child Care Issues that interest you: (check all that apply)**

- \_\_\_ Federal policies
- \_\_\_ State policies
- \_\_\_ Local policies
- \_\_\_ Availability and accessibility of child care
- \_\_\_ Quality child care
- \_\_\_ Economic impact of child care
- \_\_\_ Cost of child care

208 W. Broadway St.  
Montour Falls, NY 14865

Phone: 607-535-7964  
Toll Free: 1-888-535-7964

Fax: 607-535-8942  
E-mail: SCchildcareCC@stny.rr.com

**What method do you prefer to receive information: (check all that apply)**

Newsletter

mailed

e-mailed

Website

Brochures and flyers

One-time workshop

Series of workshops

On-line workshop

**What days do you prefer? (Circle all that apply)**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**What time do you prefer? (Circle all that apply)**

Morning Afternoon Evening

**What time of year is best for you? (Circle all that apply)**

January February March April May June

July August September October November December

**What town is the best location for you to attend?** \_\_\_\_\_

Thank You!

Please return by fax, email, or mail to:

SCCCCC

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