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## Group Meeting Enrichment Survey

We want to present topics and themes that are of interest to you and will provide you with the information you need the most.

**Please check all the activities that you would like to be included. Indicate as many as you like!**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Arts and Crafts            | <input type="checkbox"/> School District Services       | <input type="checkbox"/> Alcohol and Drug Abuse        |
| <input type="checkbox"/> Child Development          | <input type="checkbox"/> Community Services             | <input type="checkbox"/> Coping with Stress            |
| <input type="checkbox"/> Self Esteem                | <input type="checkbox"/> Income Tax Credit Guidelines   | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Discipline                 | <input type="checkbox"/> Family Planning, Birth Control | <input type="checkbox"/> Single Parenting              |
| <input type="checkbox"/> Furthering My Education    | <input type="checkbox"/> Childhood Diseases             | <input type="checkbox"/> First Aid & Home Safety       |
| <input type="checkbox"/> Beauty / Hair / Skin Care  | <input type="checkbox"/> Weight Control                 | <input type="checkbox"/> Recreational Activities       |
| <input type="checkbox"/> Nutrition – Healthy Snacks | <input type="checkbox"/> Budgeting, Shopping Wisely     | <input type="checkbox"/> Domestic Violence             |
| <input type="checkbox"/> Health Issues              | <input type="checkbox"/> Parenting Skills               | <input type="checkbox"/> Child Abuse / Neglect         |
| <input type="checkbox"/> Government Services        | <input type="checkbox"/> Marriage, Family Counseling    | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Banking / Budgets, etc.    |   |  |
| <input type="checkbox"/> Job Opportunities          |   |  |

**Please give us your ideas:**

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### Group Meeting Information (select best days and time)

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> In Person | <input type="checkbox"/> Morning   | <input type="checkbox"/> Sunday    |
| <input type="checkbox"/> Virtual   | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Monday    |
|                                    | <input type="checkbox"/> Evening   | <input type="checkbox"/> Tuesday   |
|                                    |                                    | <input type="checkbox"/> Wednesday |
|                                    |                                    | <input type="checkbox"/> Thursday  |
|                                    |                                    | <input type="checkbox"/> Friday    |
|                                    |                                    | <input type="checkbox"/> Saturday  |

Parent Name \_\_\_\_\_