# Early Childhood – Parent Engagement

***Directions: Please tell us how much you knew about this topic before attending this workshop and then how much you know after participating.***

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| **Activity/Session Title:** **Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **How much did I know about this topic *BEFORE* participating in the workshop?** |
| ***Little*** | ***Some*** | ***A lot*** | ***Mark your response to each statement with an “X”*** |
|  | Pain Scale | Pain Scale |
|  |  |  | 1. **I understood what my child needs to know for kindergarten.**
 |
|  |  |  | 1. **I knew ways/ideas for reading with my child and encouraging a love of reading.**
 |
|  |  |  | 1. **I knew ways/ideas for building oral language and vocabulary.**
 |
|  |  |  | 1. **I understood the importance of working with my child daily on basic math skills.**
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| **How much do I know about this topic *AFTER* participating in the workshop?** |
| ***Little*** | ***Some*** | ***A lot*** | ***Mark your response to each statement with an “X”*** |
|  | Pain Scale | Pain Scale |
|  |  |  | 1. **I understand what my child needs to know for kindergarten.**
 |
|  |  |  | 1. **I know ways/ideas for reading with my child and encouraging a love of reading.**
 |
|  |  |  | 1. **I know ways/ideas for building oral language and vocabulary.**
 |
|  |  |  | 1. **I understand the importance of working with my child daily on basic math skills.**
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| **What are two things you will do at home with your child that you learned in the workshop?** |
| **What other topics would you like information on or what part of this presentation would you like to know more about?** |

*Optional:* If you would like the migrant education program to contact you with more information on parent engagement in early childhood, please provide your name and phone number.

Name: Phone number: