

Head Start Application – October through May Free Family Literacy Adult ESL Classes

Please complete this survey if you meet the following criteria.

FAST ESL classes take place at your Head Start site 2 days per week from October through May.

1. You must have at least 10 Head Start parents and family members interested taking Family Literacy ESL (English as a second language) classes from 9-11 a.m. on Monday and Wednesday.
2. There must be a designated classroom space available from 8:30-11:30 a.m. on Monday and Wednesday.

Name of Head Start _____

Head Start Director _____ Date _____

Address _____ City _____

Zip Code _____ Phone _____ Cell (optional) _____

Fax _____ E-Mail _____

Other Contact Person (example: social worker) _____

Please circle YES or NO to the following questions.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|
| 1. Is your agency aware that childcare is not provided by UIC? | 1. YES | NO |
| 2. Is your agency aware that children over one year old are not allowed in class? | 2. YES | NO |
| 3. Does your agency provide childcare? | 3. YES | NO |
| 4. Does your agency currently offer ESL classes for adults? | 4. YES | NO |
| 5. Do you offer an after-school program at your Head Start site? | 5. YES | NO |
| 6. Is there a minimum of 10 parents who would be interested in an afternoon class?
(Please note learners can only attend the morning or afternoon class) | 6. YES | NO |

Please fill in the following information for your Head Start site.

How many children are currently enrolled in half-day classes? 1. _____

How many half-day Head Start classes are offered in the morning? 2. _____

How many half-day Head Start classes are offered in the afternoon? 3. _____

How many full-day Head Start classes are offered at your site? 4. _____

How many children are currently enrolled in your full day classes? 5. _____

What percentage of Head Start parents at your site, do not speak English? 6. _____

What percentage of Head Start children at your site, do not speak English? 7. _____

What is the name of your funding agency? _____