

**Region III Head Start Administration for Children and Families**

**Evaluation of the *I Am Moving, I Am Learning* Enhancement**

Summary Report Template for the Parent Focus Group  
Fall 2007

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Site: [Site ID]

Date of focus group: [xx/xx/xx]

Interviewer: [Name]

**A. PARENT ATTITUDES AND BELIEFS**

**A.1 PHYSICAL ACTIVITY**

*(Questions 1-7: What is a healthy child; how important is physical activity, and why; does child get enough physical activity; does family engage in physical activities; where does child engage in physical activity; how much time does child spend watching TV.)*

**A.2 HEALTHY WEIGHT/OVERWEIGHT**

*(Questions 8-13: Concerns about child's weight; why children are overweight; has anyone been told child is overweight; parent as role model; what could help child maintain a healthy weight)*

**A.3 HEALTHY EATING**

*(Questions 14-22: How important is health eating; is nutrition important; does child have a healthy diet; local resources that promote healthy eating; use of resources; who decides how much child eats; saying no to child about food; family meals; meals with television on)*

**B. ENHANCED IM/IL SERVICES**

*(Questions 1-9: Information collected at program application; service plan or Family Partnership agreement; family services needs assessment; attendance at workshops/trainings/parent meetings, and details of events; participation at other Head Start events or socializations, and details; educational materials or handouts, and details; advice from staff at Head Start; other types of education and training would like; other efforts in the community, and details)*

**C. OPINIONS ABOUT IM/IL ENHANCEMENT**

*(Questions 1-9: What families liked about events/activities/materials; what families liked least; change of beliefs about healthy eating; effects of services on food choices; effects of services on physical activity levels; events/activities/information would like to receive; changes that should be made; would recommend to other families)*

**D. LESSONS LEARNED**

*(Questions 1-4: What families liked most about IM/IL; what families liked least; advice to other Head Start programs)*

**E. WRAP-UP**

*(Miscellaneous notes and comments)*