**Follow-up Needs Assessment Feedback Form** OMB #0970-0401

Expiration Date: 05/31/2018

**Grantee Information**

|  |  |
| --- | --- |
| **Grantee Name:** | **Event Location & Date**: |
| **Contact Person:** | **Contact E-mail:** |

**Head Start Management Systems Wheel**

*The following information will be used to prioritize and plan follow-up T/TA*

*support.*

**Check all that apply**



**Quality Child & Family Outcomes Individualized TA Group or Cluster Not Sure**

ERSEA    Education    Health    Mental Health   

Family & Community Engagement   

 **Leadership & Governance**   

 **Management Systems Individualized TA Group or Cluster Not Sure **Program Planning & Service System Design    Data & Evaluation   

Fiscal Management    Community Assessment    Self-Assessment   



|  |  |  |  |
| --- | --- | --- | --- |
| Facilities & Learning Environment | **Individualized TA**   | **Group or Cluster**   | **Not Sure**   |
| Transportation |  |  |  |
| Technology & Information Systems |  |  |  |
| Training & Professional Development |  |  |  |
| Communication |  |  |  |
| Recordingkeeping & Reporting |  |  |  |
| Ongoing Monitoring & Continuous Improvement |  |  |  |
| Human Resources |  |  |  |

Additional details, questions, comments or considerations:

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