

Head Start Program Performance Standards Professional Development Institute

Follow-up Needs Assessment Feedback Form

OMB #0970-0401
Expiration Date: 05/31/2018

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











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**Head Start Program Performance Standards
Professional Development Institute**

Self-Assessment



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	Individualized TA	Group or Cluster	Not Sure
 Facilities & Learning Environment	●	●	●
 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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