



Parent Survey

Our goal is to work together with you to support your child's learning and development. Thank you for taking the time to give us your opinions about our program. This survey will help us do the best job we can to support your child and to meet your family's needs. Your responses will be completely confidential and will help us improve our program.

1. How satisfied are you with the overall quality of this program?

- Very Satisfied ☐
 Satisfied ☐
 Not Satisfied ☐

2. Do you feel that

- | | Yes | No |
|--|-----------------------|-----------------------|
| A. Your child is safe in this program? | ☐ | ☐ |
| B. Your child is happy in this program? | ☐ | ☐ |
| C. This program helps or will help your child succeed in school? | ☐ | ☐ |

3. Have you received information from the program about the following?

- | | Yes | No |
|--|-----------------------|-----------------------|
| A. How children develop at different ages (e.g., walk, talk, etc.) | ☐ | ☐ |
| B. How your child is growing and developing | ☐ | ☐ |
| C. How your child is doing in the program | ☐ | ☐ |
| D. Schedule of daily activities | ☐ | ☐ |
| E. What you can do to help your child learn and develop | ☐ | ☐ |
| F. Parenting skills | ☐ | ☐ |
| G. How to find other services in the community (e.g., employment and training opportunities, parenting classes, health care) | ☐ | ☐ |
| H. Where to report health or safety concerns and complaints | ☐ | ☐ |
| I. Experience and training of program staff | ☐ | ☐ |
| J. Discipline procedures | ☐ | ☐ |
| K. How you can get involved with your child's program | ☐ | ☐ |
| L. Information about school readiness and transition to kindergarten | ☐ | ☐ |

4. Would you like more information about any topics related to your child's care and development?

Yes ☐ (please specify topics : _____)
 No ☐

5. Has your child's enrollment in this program made it easier for you to:

	Yes	No	Not Applicable
A. Accept a job?	☐	☐	☐
B. Keep a job?	☐	☐	☐
C. Accept a better job?	☐	☐	☐
D. Attend education or training?	☐	☐	☐

6. How satisfied are you with these characteristics of your child's program?

	Very Satisfied	Satisfied	Not Satisfied
A. Hours of operation	☐	☐	☐
B. Location of program	☐	☐	☐
C. Number of adults working with children	☐	☐	☐
D. Background and experience of staff	☐	☐	☐
E. Languages spoken by staff	☐	☐	☐
F. How program staff communicate with you	☐	☐	☐
G. Meeting the individual needs of your child	☐	☐	☐
H. Interaction between staff and children	☐	☐	☐
I. Opportunities to interact with other parents	☐	☐	☐
J. Parent involvement	☐	☐	☐
K. Equipment and materials	☐	☐	☐
L. Cultural activities	☐	☐	☐
M. Daily activities	☐	☐	☐
N. Environment	☐	☐	☐
O. Nutritional meals and snacks	☐	☐	☐
P. Health and safety policies and procedures	☐	☐	☐
Q. How the program promotes your child's learning and development	☐	☐	☐
R. How welcome you are made to feel by staff	☐	☐	☐
S. Opportunities to have planned conferences with your child's teacher.	☐	☐	☐

7. Is there anything else you would like to say about how this program meets your family's needs?

8. Do you have any suggestions about how this program could be improved?

9. Would you refer another family to this program? Yes ☐ No ☐

Parent Evaluation Form

What do you like best about how our program provided care for your child?

What do you wish we would do differently about caring for your child?

What else can you suggest that would help us to do a better job?

What actions might you take that would help improve the care of your child when he/she is with our program?

Would you recommend our program to other parents? Why or why not?

Other comments:

Thank you for taking the time to complete this survey. This information will be used to help improve the services provided to you.