

Family Survey

Date: _____

Name: _____ (optional)

Child and ages: _____ (name optional)

1. List the 5 most important factors when it comes to the care your child or children receive; with the first being what's most important.

1. _____
2. _____
3. _____
4. _____
5. _____

2. Were all of your questions addressed during the orientation process? Yes or No? If not what questions do you still have?

3. Did you request accommodations for your child; such as language or diet? Yes or No? If yes, were your preferences honored?

4. Are you greeted at drop off and pick up? Yes or No?

5. Do you find that the staff at the program are friendly?

6. Do you feel comfortable approaching staff with a question or concern? Yes or No? If no, what would make you feel more comfortable?

7. Do you feel the communication you receive about your child or children is timely and appropriate? Yes or No? If no, what could be done to improve the communication you receive?

8. Do you feel that your culture and diversity are respected and included in the program? Yes or No? If no, what could be done to embrace your diversity?

9. Are there programs and/or resources that you would like the program to offer? If yes, what are they?

10. What recommendations do you have that could strengthen the program?

Thanks for taking the time to answer these questions. Your responses assist us in our continuous improvement efforts.