**Sample Family Feedback Survey**

1. What was your level of satisfaction with our program so far this year?

[ ]  Very Satisfied [ ]  Satisfied [ ] Neutral [ ] Dissatisfied [ ]  Very Dissatisfied

1. What was your child’s level of satisfaction with our program this year?

[ ]  Very Satisfied [ ]  Satisfied [ ] Neutral [ ] Dissatisfied [ ]  Very Dissatisfied

1. Do you feel that your child is being prepared for their next educational experience?

[ ]  Very Satisfied [ ]  Satisfied [ ] Neutral [ ] Dissatisfied [ ]  Very Dissatisfied

Comments

1. I feel that my child has made progress in the following areas (check all that apply)

[ ]  Language (understanding and using oral speech)

[ ]  Social (getting along with adults and other children)

[ ]  Behavioral

[ ] Fine and gross motor

[ ]  Pre-academic (recognizing colors, printed name, letters of the alphabet, numbers, etc.)

[ ]  Positive problem solving skills

1. Did you attend a parent/teacher conference this year?

[ ]  Yes [ ]  No

1. Did you find the parent/teacher conferences informative and useful?

[ ]  Yes [ ]  Somewhat [ ]  No

1. My child’s teacher communicated with me through (check all that apply):

[ ]  Email [ ]  Personal notes [ ]  Pick up/drop off [ ] Text [ ]  No contact

1. As a parent or guardian, did you feel welcome in your child’s classroom this year?

[ ]  Yes [ ]  Somewhat [ ]  No

1. What was your level of satisfaction our pick-up/drop-off system?

[ ]  Very Satisfied [ ]  Satisfied [ ] Neutral [ ] Dissatisfied [ ]  Very Dissatisfied

1. How many times did you visit your child’s classroom this year other than for pick-up/drop off?

[ ]  0-2 [ ]  3-5 [ ]  6-8 [ ]  9-11 [ ]  12 or more times

1. What was your level of satisfaction with the hours of our program?

[ ]  Very Satisfied [ ]  Satisfied [ ] Neutral [ ] Dissatisfied [ ]  Very Dissatisfied

1. In a typical week, how much time are you able to read to your child?

[ ]  Less than 30 minutes [ ]  30-60 minutes per week [ ]  More than one hour

1. Are there any specific areas in which you feel we need to improve?
2. What kind of parent trainings would you find useful?
3. Is there anything else you would like for us to know?
4. Optional: If you would like to share your contact information (name, phone, and email), please do so in the space below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_