**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_