

Family Feedback Survey

Program Name:

DIRECTIONS FOR FAMILIES COMPLETING THIS SURVEY

For each statement, choose “Yes” or “No” or “DK” (“don’t know”). If the statement does not apply to your program, choose “NA (“not applicable”) if “NA” is provided as an option for that statement. Please choose only one response per statement.

Please return this survey by this date: __/__/__.

SELF-ASSESSMENT FAMILY SURVEY	YES	NO	DK	NA
1. I have a good relationship with my child’s teacher and other staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The teacher takes good care of my child, helps my child learn to get along with others, and is a good teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The teacher often shares information about things happening in the program and wants to know about things my child is doing at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. I talk with a teacher about my child at least once a week (or every day if my child is a baby).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I have received information at enrollment and/or throughout the year about the program and my child’s classroom, including information about:				
a. Program mission and philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Rules and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Procedures for drop-off and pickup and handling emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. I receive this information in a language that I understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teacher or director asks about things that are important to our family and uses this information to help my child grow and learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. <i>For families who speak a language other than English at home:</i> The teacher and I discuss the language used to teach my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am invited to take part in classroom activities and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SELF-ASSESSMENT FAMILY SURVEY Continued	YES	NO	DK	NA
10. When I disagree with how a teacher works with my child, I feel comfortable letting the teacher know and working together to find a solution that works for both of us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. I am comfortable with what my child is learning and how my child's progress is measured. I have the opportunity to discuss what is learned and how it is measured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. I know how the program makes sure that information about my child and his or her progress is kept confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I receive written reports about my child at least twice a year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. I am told about my child's progress in language I understand and in ways that are respectful to me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. The teacher and program work with me to meet my child's individual or special needs and help me get other resources within the community when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The program helps me get to know other families in the program and encourages us to support each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. I am always welcome at the program and am invited to participate by helping to plan events, being involved in decisions about the program, and taking on leadership roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. The program staff helps me learn about community events and resources that can help my child and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The program gives me information to help my child make a smooth transition to kindergarten or first grade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. I generally feel respected by the program staff and that my contributions are valued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. <i>For families with babies or children with special nutritional needs:</i> Staff work with me to meet my child's nutritional needs and document for me what my child eats each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>