

PARENT SURVEY TEMPLATE

Please use this survey to let us know how you think we are doing. Formal surveys are offered to parents twice a year during parent conference time, but feel free to drop suggestions in the box at the desk anytime. You may provide your name and your child's name if you would like us to respond to your request individually.

Name of Parent or Guardian (optional): _____ Lisa Paige _____

Name of child: (optional): _____ Shelby Paige _____

For each of the following areas rate your child's teacher or the facility with a score of 1-5.

4 – Excellent 3 – Average 2- Below Average 1- Needs Improvement

___4___ Cleanliness of the building

___4___ Cleanliness of the classroom

___3___ Friendliness of the staff

___3___ Learning activities in the classroom

___4___ Communication with families

___3___ Quality of meals and snacks

What specific areas do you feel we need to improve more activities in the toddler class

What areas are we doing a wonderful job the staff is very nice and my daughter loves her teacher

For Staff:

- Follow-up with Parent or Guardian

Date: 6/20/20

Action plans: PD for toddler teacher and incorporation of more activities in the toddler class.
