

CLEAR FORK PRESCHOOL PARENT SURVEY

We would appreciate you taking time to complete this survey and return it to the preschool. We have enclosed an envelope for you to use. It can be sealed and sent back in your child's backpack. Thank you in advance for your participation!

Scale **4** Excellent **3** Good **2** Average **1** Poor **NA** Not Applicable

- 1. My child's teacher treats me with respect..... _____
- 2. My child's teaching assistant treats me with respect..... _____
- 3. My child likes his/her classroom..... _____
- 4. The teacher and assistant relate well to my child..... _____
- 5. I believe that my child is learning and developing new skills..... _____
- 6. I am confident about the care my child receives from the staff..... _____
- 7. The physical appearance of the building is well maintained..... _____
- 8. The supervisor is responsive to me and my child's needs..... _____
- 9. The overall program promotes a positive image..... _____
- 10. My satisfaction with Speech Therapy, Occupational Therapy, and/or Physical Therapy that my child receives..... _____
- 11. My questions and concerns are addressed in a timely manner..... _____
- 12. Communications from the teacher regarding my child and their classroom are appropriate, timely, and understandable..... _____

What do you like most about our preschool program? _____

Any suggestions for improvement? _____

OPTIONAL SECTION

My child is (check one) **3** _____ **4** _____ **5** _____ **6** _____ years old
My child attends **AM** _____ **PM** _____
My child has special needs and is on an IEP **YES** _____ **NO** _____

Your Name: _____