

Family Survey

Date: _____ Your name: (optional): _____

Your child's classroom/teacher: _____

Thank you for taking the time to give input on our program. It will help us to make program improvements to better meet the needs of our families

Based on your experience, please circle your level of agreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The program solicits input and suggestions from me on an ongoing basis.	1	2	3	4
2. The program is interested in our family and asks for information to better meet the needs of my child.	1	2	3	4
3. I am consulted about my child's interests and preferences and informed about their progress.	1	2	3	4
4. I have received program forms and essential program information in a way that is accessible to me.	1	2	3	4
5. I feel welcome to observe and participate in activities at any time.	1	2	3	4
6. The program is interested in and encourages our family to share our culture, traditions, beliefs, home language, and interests.	1	2	3	4
7. The program encourages families to assist or lead in planning and conducting special activities to share their cultural backgrounds, traditions, beliefs, home language, interests and abilities.	1	2	3	4
8. The program provides basic information about resources in the community and is easily accessible.	1	2	3	4
9. The program provides current information about educational opportunities available in the community for families.	1	2	3	4
10. The program's philosophy has been made available to me.	1	2	3	4

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.
YOUR INPUT IS IMPORTANT.