

Program Improvement Family Survey

PURPOSE

_____ (Name of Program) is conducting this Family Survey to assist in making decisions to improve the program. Family perspectives are essential to the program improvement process. To meet expectations for implementation of the Iowa Quality Preschool Program Standards, programs must provide opportunities for families to participate in the program improvement process. Your responses will be confidential and anonymous. No names, identifying information, or coding will be used to collect information or within summaries of information collected. At least half of all enrolled families must return the survey for the results to be considered valid. The program will compile the results and use the information to support program improvement.

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, and do not write in responses that are not offered as an option.

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

PROGRAM IMPROVEMENT FAMILY SURVEY	Yes	No	DK	NA
1. I have a good relationship with my child’s teacher and other staff.				
2. The teacher takes good care of my child, helps my child learn to get along with others, and is a good teacher.				
3. I talk with a teacher about my child at least once a week.				
4. I have received information at enrollment and/or throughout the year about the program and my child’s classroom, including information about procedures for drop-off and pickup and handling emergencies				
5. The teacher asks about things that are important to our family and uses this information to help my child grow and learn.				
6. For families who speak a language other than English at home: The teacher and I discuss the language used to teach my child.				
7. 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.				
8. 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.				
9. 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.				
10. 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.				

PROGRAM IMPROVEMENT FAMILY SURVEY	Yes	No	DK	NA
11. The program staff helps me learn about community events and resources that can help my child and family.				
12. The program gives me information to help my child make a smooth transition to kindergarten.				
13. For families with children with special nutritional needs: Staff work with me to meet my child's nutritional needs and document for me what my child eats each day.				