

Preschool Program Family Survey

_____ **Program** is collecting information about how well it is meeting the needs of children and families, based on the Iowa Quality Preschool Program Standards and Criteria (IQPPS). For each statement, choose the response that best describes your beliefs. Please add comments, especially if you select "Yes, but" or "No, but." You do not need to put your name on this form. Please return it in the enclosed envelope by _____ (date).

RELATIONSHIPS	YES	YES, BUT	NO	NO, BUT	Don't Know
1. I feel that I have regular contact and communication with my child's teacher and that we value and use each other's input about the care of my child.					
Comments:					
CURRICULUM					
1. The program staff use information about my family background and beliefs to make my child's learning experiences more meaningful.					
2. The program takes into account my child's home language when working on literacy and provides my child opportunities to learn in a language they are comfortable with.					
Comments:					
HEALTH					
1. Program staff let me know when there are contagious diseases in the program.					
2. <i>For families who send food to school only:</i> I am aware of the nutritional requirements for sending food along with my child to school.					
3. <i>For families with infants or children with special nutritional needs:</i> I receive specific documentation about what my child ate at school.					
4. <i>For families with children with allergies or special nutritional needs only:</i> Program staff is aware of my child's special health needs and carefully provides for them.					
Comments:					

FAMILIES					
1. I am provided with information about the following:					
a. the program philosophy and goals					
b. program rules and expectations					
c. program events					
d. community activities					
e. available community support					
f. child assessment plans					
2. I am provided written materials (including this survey) in a language I understand.					
3. The program has the resources and ability to help me obtain the services I need for my child and family.					
4. Program staff and I informally share information about my child on at least a weekly basis.					
5. The program staff helps me know about and use community resources.					
6. I am aware of many opportunities to volunteer at my child's program.					
Comments:					
LEADERSHIP AND MANAGEMENT					
1. I am familiar with the program's procedures for dropping off and picking up my child. Program staff and I use this time to communicate about my child.					
2. I feel like I have a voice in planning for program improvement.					
Comments:					