

Family Survey-Program Profile

Basic Info

Do you have children in more than one classroom?

What classroom(s) is your child(ren) in?

What is your child(ren)'s teacher(s) name(s)?

How long has your child(ren) attended this program?

- a. 6 months or less
- b. 6 months to 12 months
- c. 1 year to 3 years
- d. 3 years to 6 years
- e. 6 years to 12 years

What age range best describes your child's(ren's) age group? (Check all that apply)

- a. Infant (Birth to 11 Months)
- b. Toddler (12 Months-29 Months)
- c. Preschool (30 Months-6 years that are not attending kindergarten or elementary school)
- d. School Aged (5 years-12 years that are attending kindergarten or elementary school)

My Story

What do you love about our early learning program?

Child Outcome

Does your child have an identified disability?

Does our program work with you to meet your child's(ren's) individual needs?

Family Engagement

Does our program help you get resources within the community when needed?

When your child started our program, did you feel supported?

Do you feel comfortable talking with us when you have concerns?

How satisfied are you with the following characteristics of your current early learning program? Choose one: Not satisfied, Satisfied, or Very Satisfied

- a. Meeting the individual needs of your child(ren)
- b. Communication with program staff
- c. Welcoming environment
- d. Interactions between staff and children
- e. Opportunities to interact with other parents
- f. Curriculum/What children are learning
- g. Culturally sensitive to your family values
- h. Nutritional meals and snacks
- i. Health and safety policies and procedures
- j. How the program promotes your child(ren)'s learning and development
- k. Opportunities to have planned (meetings) conferences with your child(ren)'s teacher
- l. Other (Comment box)

Family Engagement (continues)

How likely are you to recommend our program to other families looking for childcare? (1-5 rating)

Feedback

Does your program provide distance learning?

Do you have any additional comments?

Optional

What race(s) do you consider your child? (Check all that apply)

- a. Black or African American
- b. White
- c. Asian
- d. American Indian
- e. Alaska Native
- f. Native Hawaiian or other Pacific Islander
- g. Prefer not to answer
- h. Other (comment box)

Is your child(ren) Hispanic or Latino?

What is your home language? (Home language: The language spoken at home. It is sometimes called the first, native or primary language.)

- a. Arabic
- b. English
- c. Farsi
- d. Russian
- e. Somali
- f. Spanish
- g. Mandarin
- h. Cantonese
- i. Vietnamese
- j. Other (Comment box)

Do you have any comments or suggestions about the interview? Please share your ideas with us.