



Tots' Landing Learning Centers, Inc.

Annual Program Evaluation Family Survey

Tots' Landing Learning Centers, Inc. is collecting information about how well we are meeting the needs of children and families. Please answer the following questions and feel free to make comments. This completed survey can be given to your director or emailed to audra@totslanding.com.

Location information:

_____Tots' 1 _____Tots' 2 _____Tots' 3 _____Tots' 4 _____Tots' 5

Directions: Check the column that best describes your experience with our program.

1. What information have you received about the program?

	Received Information	Haven't received, But would be helpful	Not needed
*Statement of program philosophy And goals			
*Payment information (fees, refunds)			
*Hours of operation			
*Holidays, closings			
*Termination of enrollment			
*What to do when child is sick			
*Drop off/Pick up procedures			
*What parents are expected to provide (such as children's food, clothing)			
*Daily activities provided for children			
*Special events/in house field trips			
*How discipline is handled			
*How difficulties or differences Are handled (negotiation techniques)			
*Opportunities for family involvement			

What other information would be helpful?

2. The introduction to the program made me and my child feel welcome.

_____Do not agree at all _____Somewhat agree _____Fully agree

What could the program do to make the introduction better for your child and family?

3. Communication between administrators, teaching staff, and my family is effective.

_____ Do not agree at all _____ Somewhat agree _____ Fully agree

4. The frequency and amount of communication between staff members seems sufficient.

_____ Do not agree at all _____ Somewhat agree _____ Fully agree

5. Do you feel that you are kept informed about these aspects of your child's experience?

	Feel	Would like more	Not
	Informed	Information	needed
Changes in child's health or behavior			
Injuries to child			
Child's meals/snacks			
Events of child's day			
Child's developmental progress			
Teacher changes			
Transitions			

I feel comfortable sharing my ideas and concerns with staff members regarding my child.

_____ Do not agree at all _____ Somewhat agree _____ Fully agree

What other information about your child would you like?

How would you rate these ways of communicating with staff members?

	Effective	Needs	Not
		Improvement	needed
Welcoming of parental input			
Personal conversation at beginning			
Or end of the day			
Written notes			
Newsletter			
Bulletin board			
Conferences			
Telephone call			

What other ways of communicating with staff members would be helpful?

Do you feel that there is mutual trust, respect, and communication between families and staff members?

_____ Do not agree at all _____ Somewhat agree _____ Fully agree

7. In which of the following activities have you participated or would you like to participate?

	Have	Would	No	Not
	Participated	like to	opportunity	Interested
Observed classroom activities				
Helped with classroom activities				
Attended party or other social activity				
Sharing a meal/snack				
Attended parent meeting				
Helped with program planning				
Served on parent/council board				

In which other activities would you like to participate?

8. How do you think staff members feel about your child?

9. How do you think staff members feel about you? Do they respect your opinions? Are they open to your suggestions?

10. Do you and your family members feel welcome in our program?