

# Open-Ended Family Survey

The Shawnee State University Children's Learning Center is collecting information about how well we are meeting the needs of children and families. Please answer the following questions and feel free to add any comments. You do not need to put your name on this form.

Please return it by \_\_\_\_\_.  
(date)

**Directions: Check the box (or boxes) that best describe(s) your experience with this program.**

## 1. What information have you received about the program?

	Received	Haven't received but would be helpful	Not Needed
Statement of program philosophy and goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment information (fees, refunds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours of Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays, closings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination of enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do when child is sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and pick-up arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What parents are expected to provide (such as children's food, clothing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily activities provided for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special events/field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How discipline is handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How difficulties or differences are handled (negotiation techniques)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for family involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?**

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**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 Informed	Would like more information	Not needed
Changes in child's health or behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries to child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's meals/snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Events of child's day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's developmental progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?** \_\_\_\_\_

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

	Effective	Needs improvement	Not needed
Welcoming of parental input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal conversation at beginning Or end of day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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**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 Participated	Would like to	No opportunity	Not Interested
Observed classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped on field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended party or other social activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing a meal/snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended parent meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted in fundraising or other work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with program planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In which other activities would you like to participate?** \_\_\_\_\_

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

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

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

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