



Child's Day

is conducting this family survey in accordance with the Accreditation Standards of the National Association for the Education of Young Children (NAEYC). Family perspectives are essential to the NAEYC Accreditation process. To achieve and maintain accreditation, programs provide yearly opportunities for families to participate in a self-assessment and program improvement process. Programs provide all enrolled families the opportunity to respond confidentially to this survey. The program compiles the results and reports them to NAEYC. For more information about NAEYC Accreditation, please visit www.rightchoiceforkids.org.

Please return this survey to the office by: November 30, 2007

How long has your child (or children) been enrolled in this program? Check one box:

- Less than six months One to two years
 Six months to one year More than two years

How old is your child (or children) who is enrolled in this program? _____

Directions

For each statement, circle "Yes" or "No" or "DK" for "don't know." If the statement does not apply to your child's program, circle "NA for "not applicable."

| | | | | |
|--|-----|----|----|----|
| 1. I have a good relationship with my child's teacher and other staff. | YES | NO | DK | |
| 2. The teacher takes good care of my child, helps my child learn to get along with others, and is a good teacher. | YES | NO | DK | |
| 3. The teacher often shares information about things happening in the program and wants to know about things my child is doing at home. | YES | NO | DK | |
| 4. I talk with a teacher about my child at least once a week (or every day if my child is a baby.) | YES | NO | DK | |
| 5. I have received information at enrollment and/or throughout the year about the program and my child's classroom, including information about: | | | | |
| a. Program mission and philosophy | YES | NO | DK | |
| b. Rules and expectations | YES | NO | DK | |
| c. Procedures for drop-off and pickup and handling emergencies | YES | NO | DK | |
| d. When my child may be exposed to contagious diseases and what I should do to protect my child | YES | NO | DK | |
| 6. I receive this information in a language that I understand. | YES | NO | DK | NA |
| 7. The teacher asks about things that are important to our family and uses this information to help my child grow and learn. | YES | NO | DK | |

| | | | | |
|--|-----|----|----|----|
| 8. <i>For families who speak a language other than English at home:</i> The teacher and I discuss the language used to teach my child. | YES | NO | DK | NA |
| 9. I am invited to take part in classroom activities and events. | YES | NO | DK | |
| 10. 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. | YES | NO | DK | |
| 11. 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. | YES | NO | DK | |
| 12. I know how the program makes sure that information about my child and his or her progress is kept confidential | YES | NO | DK | |
| 13. I receive written reports about my child at least twice a year. | YES | NO | DK | |
| 14. I am told about my child's progress in language I understand and in ways that are respectful to me and my family. | YES | NO | DK | |
| 15. 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. | YES | NO | DK | NA |
| 16. The program helps me get to know other families in the program and encourages us to support each other. | YES | NO | DK | |
| 17. 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. | YES | NO | DK | |
| 18. I am provided a translator when needed. | YES | NO | DK | NA |
| 19. The program staff helps me learn about community events and resources that can help my child and family. | YES | NO | DK | |
| 20. The program gives me information to help my child make a smooth transition to kindergarten or first grade. | YES | NO | DK | NA |
| 21. I believe the program administrator is an effective leader. | YES | NO | DK | |
| 22. I have been or will be included in program improvement efforts including a yearly program evaluation. | YES | NO | DK | |
| 23. When program evaluations are completed, I receive information about the findings. | YES | NO | DK | |
| 24. I generally feel respected by the program staff and that my contributions are valued. | YES | NO | DK | |
| 25. <i>For families with babies only:</i> The program supports breastfeeding by providing space, storing milk, instructing staff on handling procedures, etc. | YES | NO | DK | NA |
| 26. <i>For families with babies or children with special nutritional needs:</i> Staff work with me to meet my child's nutritional needs and document for me what my child eats each day. | YES | NO | DK | NA |

Thank you for completing this survey!

Please return to the office by November 30, 2007