

Parent Survey

We are continually making efforts to provide our children the highest quality of care, education, and resources. To guide us in that respect, we are asking that you complete the following questionnaire. Your comments will be taken into consideration when planning for our future.

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Child's Program: (circle) Infant Toddler Preschool/Head Start School-Age

Child's Classroom: _____

Child's Name:(optional) _____

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1. Have you received periodic communication from your child's teacher? Yes / No
Comment: _____
2. Do you feel the center safeguards your child's health? Yes / No
Comment: _____
3. Have you been appropriately notified of minor injuries that your child has received at the center? Yes / No
Comment: _____
4. Have your educational expectations been met? Yes / No
Comment: _____
5. Are the center policies, as outlined to you at the time of enrollment, consistent with what is actually practiced? Yes / No
Comment: _____
6. Do you find our center meets high standards of cleanliness and organization? Yes / No
Comment: _____
7. Does the outdoor play space meet your expectations? Yes / No
Comment: _____
8. Does your child enjoy attending West Allis Children's Center? Yes / No
Comment: _____
9. Would you recommend our program to your friends? Yes / No
Comment: _____
10. What improvements would you like to see at our center? What do you particularly enjoy?
Comment: _____

Thank you for taking the time to complete this survey. We appreciate your opinions.