



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Summer 2016  
Parent Survey

\* Is there open communication

A) Between you and the staff    \_\_\_ yes    \_\_\_ no

B) Between you and the director    \_\_\_ yes    \_\_\_ no

\* If not, how do you feel communication might be improved?

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\* Does your child enjoy coming to the program?    \_\_\_ yes    \_\_\_ no

\* If not, how could we help make this a more positive experience?

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\* Is the staff accessible to parents?    \_\_\_ yes    \_\_\_ no

\* Is the director accessible to parents?    \_\_\_ yes    \_\_\_ no

\* Is your child greeted by staff in the morning? \_\_\_ yes    \_\_\_ no

\* Is there any way we can make the transition easier for you?

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\* Is your child well supervised?    \_\_\_\_ yes    \_\_\_\_ no

\* Overall, how would you rate the care that we provide your child? Circle one:

Needs Improvement   1   2   3   4   5   Meets Our Needs   Wonderfully

\* What could we do to improve our program?

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\* Would you recommend our program to other parents? Why or why not?

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\* Do you have any other comments?

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