

# Tri-County Head Start/Early Head Start

## Exit Interview

We are sad to hear you are leaving and we would like your help in making improvements in our program by taking a quick survey.

Why are you leaving the program?

<input type="checkbox"/>	Moving	<input type="checkbox"/>	Going to another program
<input type="checkbox"/>	Unhappy with program	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other:		

If you are leaving because you were unhappy with the program, could you please tell us why? \_\_\_\_\_

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What could we have done to improve your family's experience with our program? \_\_\_\_\_

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Would you recommend our program to others?  Yes  No

Comments \_\_\_\_\_

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\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Drop Date

Please send completed form to the Family Service Coordinator.