

Tri-County Head Start/Early Head Start
Parent Satisfaction Survey

****If you have more than one child enrolled, you only need to complete one survey****

Parent Survey

What center does your child attend?

Chipley

EHS

Walton

Westville

Tri-County Head Start/Early Head Start

Parent Satisfaction Survey

2023-2024

Please take time to complete this survey and return to your Center Coordinator.

	Yes	No	Some
1. Do you feel that your child has learned new skills this year? If yes, please give an example: _____ If no or some, what would you like to see change? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you know Tri County Head Start/Early Head Start helps children with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For parents of a child with a disability, my child's additional needs were met in the classroom... Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you felt welcomed and comfortable when you visited the center? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel comfortable talking with your child's teacher? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been treated with respect? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel that the center is clean and safe? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel your child met school readiness goals to ensure a smooth transition into the upcoming school year? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any suggestions for improvements to the building(s) or playgrounds? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. What kind of activities did you or would you like to participate in with your child? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Did staff share information about your child during the home visits? Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel the program offered enough training opportunities for parents/guardians? What training would you like to see offered? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No	Some
13. If you requested services, did you receive a referral?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Did staff follow up to make sure you received the assistance you requested? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you feel that your child is being well fed at Head Start? Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you had the opportunity to suggest meals to Head Start?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you volunteer at your child's center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, how was the experience:</p> <p>If no, why didn't you volunteer:</p>			
18. Did you attend parent meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If no, why not:</p> <p>If yes, what suggestions do you have for improving Parent Meetings?</p>			
19. What suggestions do you have for Parent Training, Parent/Child activities, and Family activities?			

Comments/Concerns/Questions/Suggestions: _____

Parent/Guardian Signature

Date