# Parent Questionnaire Service Operations 2

INSERT LOGO and address

Dear Parent/Guardian

We aim to provide your child/ren with the highest level of care and education and we value your opinion about how well we are achieving this.

We have attached a short questionnaire and ask that you answer the questions as honestly as possible. Your responses will be kept private and confidential.

Please return completed survey by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your participation.

Kind regards,

<insert name of Nominated Supervisor>

Nominated Supervisor

<insert date>

Please tick relevant box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Don’t Know |
| 1. I feel welcome in the Service. |  |  |  |  |
| 1. The Service takes my concerns seriously. |  |  |  |  |
| 1. The Service provides helpful information. |  |  |  |  |
| 1. I feel as though I can talk to educators about my child’s progress. |  |  |  |  |
| 1. The Service values my help and interest. |  |  |  |  |
| 1. Teachers provide a challenging and stimulating environment for my child. |  |  |  |  |
| 1. Resources and equipment are engaging, well set up and visually attractive |  |  |  |  |
| 1. Teachers care if my child is not doing as well as he/she can. |  |  |  |  |
| 1. The Service is a safe and secure environment. |  |  |  |  |
| 1. The Service is always looking for ways to improve what it does. |  |  |  |  |
| 1. Educators regularly praise children. |  |  |  |  |
| 1. The children are the Service’s main focus. |  |  |  |  |
| 1. I share in the education of my child. |  |  |  |  |
| 1. I receive adequate notice of Service events. |  |  |  |  |
| 1. Communication from the Service is regular and informative eg newsletters, social media, email, SMS. |  |  |  |  |
| 1. Educators constantly aim to improve the quality of learning and teaching. |  |  |  |  |
| What do you see as the strengths of the Service? | | | | |
| How do you think the Service could be improved? | | | | |
| In what ways would you like to be more involved in the Service? | | | | |
| What other comments would you like to make (if any) | | | | |

Name (Optional)

Thank you for completing this questionnaire. Please return to the Nominated Supervisor or place in the box marked Questionnaires in the foyer.