# Parent Questionnaire Service Operations

INSERT LOGO and address

Dear Families,

We value your feedback on our practices, policies and activities, and welcome your contributions to service decisions. Do you have any comments or suggestions about:

1. the policy we are reviewing this week

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1. the topic we are focusing on in our continuous improvement activities this week

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1. the new information in our Quality Improvement Plan this week

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1. our routines, activities or curriculum

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1. any other issues

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1. any way you can or would like to be involved in our routines, activities or curriculum

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The following is optional unless you answered question f)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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