# Parent Questionnaire Relationships

INSERT LOGO and address

Dear parents as a part of our continuous improvement plan for our service could you please take 5 minutes to complete this survey. Thank you for your time.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1**  **very good** | **2**  **good** | **3 average** | **4**  **poor** | **5**  **very poor** |
| Do you feel welcomed, recognised, acknowledged and respected by all our educators? |  |  |  |  |  |
| Do you feel that your child is really known by, and really knows, the people who care for him or her? |  |  |  |  |  |
| Do you feel your child is not just looked after but really cared for? |  |  |  |  |  |
| Do you feel your child is happy, secure and engaged? |  |  |  |  |  |
| Are you and your child consistently received and greeted upon arrival? |  |  |  |  |  |
| Do you feel you are involved in making decisions about your child’s activities and learning? |  |  |  |  |  |
| Do you feel you are given lots of information about what is occurring? |  |  |  |  |  |

Further Comments

Thank you for taking the time to complete this survey. It can be placed in the survey box next to the sign in/out sheet.