



\_\_\_\_\_  
Name of Program

is conducting this family survey as part of its self-assessment to become accredited by the National Association for the Education of Young Children (NAEYC). Family perspectives are essential to the NAEYC Accreditation process. To achieve accreditation, programs must provide opportunities for families to participate in the self-assessment and program improvement process. Programs must provide all enrolled families the opportunity to respond confidentially to this survey; at least half of all enrolled families must return the survey for the results to be considered valid. The program compiles the results and reports them to NAEYC. For more information about NAEYC Accreditation, please visit [www.rightchoiceforkids.org](http://www.rightchoiceforkids.org).

Please return this survey by this date: \_\_\_\_\_.

How long has your child (or children) been enrolled in this program? Check one box:

- Less than six months
- One to two years
- Six months to one year
- More than two years

How old is your child (or children) who is enrolled in this program? \_\_\_\_\_

**Directions**

For each statement, circle "Yes" or "No" or "DK" for "don't know." If the statement does not apply to your child's program, circle "NA for "not applicable."

1. I have a good relationship with my child's teacher and other staff.	YES	NO	DK	
2. The teacher takes good care of my child, helps my child learn to get along with others, and is a good teacher.	YES	NO	DK	
3. The teacher often shares information about things happening in the program and wants to know about things my child is doing at home.	YES	NO	DK	
4. I talk with a teacher about my child at least once a week (or every day if my child is a baby.)	YES	NO	DK	
5. I have received information at enrollment and/or throughout the year about the program and my child's classroom, including information about:				
a. Program mission and philosophy	YES	NO	DK	
b. Rules and expectations	YES	NO	DK	
c. Procedures for drop-off and pickup and handling emergencies	YES	NO	DK	
d. When my child may be exposed to contagious diseases and what I should do to protect my child	YES	NO	DK	
6. I receive this information in a language that I understand.	YES	NO	DK	NA

7. The teacher asks about things that are important to our family and uses this information to help my child grow and learn.	YES	NO	DK	
8. <i>For families who speak a language other than English at home:</i> The teacher and I discuss the language used to teach my child.	YES	NO	DK	NA
9. I am invited to take part in classroom activities and events.	YES	NO	DK	
10. When I disagree with how a teacher works with my child, I feel comfortable letting the teacher know and working together to find a solution that works for both of us.	YES	NO	DK	
11. I am comfortable with what my child is learning and how my child's progress is measured. I have the opportunity to discuss what is learned and how it is measured.	YES	NO	DK	
12. I know how the program makes sure that information about my child and his or her progress is kept confidential	YES	NO	DK	
13. I receive written reports about my child at least twice a year.	YES	NO	DK	
14. I am told about my child's progress in language I understand and in ways that are respectful to me and my family.	YES	NO	DK	
15. The teacher and program work with me to meet my child's individual or special needs and help me get other resources within the community when needed.	YES	NO	DK	NA
16. The program helps me get to know other families in the program and encourages us to support each other.	YES	NO	DK	
17. I am always welcome at the program and am invited to participate by helping to plan events, being involved in decisions about the program, and taking on leadership roles.	YES	NO	DK	
18. I am provided a translator when needed.	YES	NO	DK	NA
19. The program staff helps me learn about community events and resources that can help my child and family.	YES	NO	DK	
20. The program gives me information to help my child make a smooth transition to kindergarten or first grade.	YES	NO	DK	NA
21. I believe the program administrator is an effective leader.	YES	NO	DK	
22. I have been or will be included in program improvement efforts including a yearly program evaluation.	YES	NO	DK	
23. When program evaluations are completed, I receive information about the findings.	YES	NO	DK	
24. I generally feel respected by the program staff and that my contributions are valued.	YES	NO	DK	
25. <i>For families with babies only:</i> The program supports breastfeeding by providing space, storing milk, instructing staff on handling procedures, etc.	YES	NO	DK	NA
26. <i>For families with babies or children with special nutritional needs:</i> Staff work with me to meet my child's nutritional needs and document for me what my child eats each day.	YES	NO	DK	NA

**Thank you for completing this survey!**