Green Apple Accreditation of Children's Services
Survey #1-Parent Survey

School:_____ **Address:**_____

Director:_____ **Date:**_____

Instructions: Please rate your child's school on a scale 1 being poor and 5 being excellent.

Survey Questions:	**Rating:**				
Parent Drop Off/Pick Up is convenient	1	2	3	4	5
The school provides a safe and friendly environment	1	2	3	4	5
School to parent communication is consistent.	1	2	3	4	5
A range of cultural activities are provided.	1	2	3	4	5
Students have access to age appropriate toys and materials.	1	2	3	4	5
The school has a clean and attractive appearance.	1	2	3	4	5
School policies are provided to parents in writing.	1	2	3	4	5
Classroom furniture is soft and comfortable for children.	1	2	3	4	5
Parents feel invited and welcome to visit the classroom.	1	2	3	4	5
Accidents are reported to parents timely.	1	2	3	4	5

Please provide comments:

a. What do you like most about the school?

b. What do you like the least about the school?

c. Would you recommend the school to friends and family members? Why or why not?

d. Overall has your child enjoyed preschool this year?

THANK YOU FOR PARTICIPATING IN OUR SURVEY.