**Parents Feedback Form for Kindergarten**

**Parent Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Overall Satisfaction**

1. **How satisfied are you with the kindergarten program?
☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied**
2. **Does your child enjoy attending kindergarten?
☐ Yes ☐ Sometimes ☐ No**

**Developmental Areas
3. How well is the program supporting your child’s development in the following areas?**

| **Developmental Area** | **Excellent** | **Good** | **Fair** | **Needs Improvement** |
| --- | --- | --- | --- | --- |
| **Social Skills** | **☐** | **☐** | **☐** | **☐** |
| **Motor Skills** | **☐** | **☐** | **☐** | **☐** |
| **Language Skills** | **☐** | **☐** | **☐** | **☐** |
| **Cognitive Development** | **☐** | **☐** | **☐** | **☐** |

**Parent-Teacher Communication
4. How effective is communication between you and the kindergarten staff?
☐ Excellent ☐ Good ☐ Fair ☐ Poor**

**Additional Feedback**

* **What specific improvements would you like to see in the program?**
* **Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature
Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**