

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____