Dear Park's Edge Preschool Families:

Your opinion is always valued and appreciated at Park's Edge Preschool. We need to hear from you, especially now during these unpredictable times, if we are meeting your family's expectations and/or how we can better serve your family. Attached is the NAC Parent Questionnaire for you to complete and return.

Park's Edge Preschool has families evaluate our services through the NAC Parent Questionnaire, two times a year, May and November, to better serve our families. We need 75% returned for NAC reporting. Due to the COVID-19 'stay at home' mandate we postponed the survey to meet the enrollment requirement. Many families have returned since the mandate and we can meet that quota at this time. Thank you.

Please complete and return by Friday, August 14th so we can tally the results and share the information with the Association for Early Learning Leaders, the governing board of the National Accreditation Commission, before our formal NAC Validation Visit scheduled between September 8th and October 30th. The information is also used for staff training in better meeting our customer's needs.

Hard copies will be available too if needed. If you have any questions please see Kristin, Assistant Director, or myself. Complete and email back to Ellen@parksedgepreschool.com or to remain anonymous, a box will be at the entrance at the front door. Thank you!

Sincerely, Ellen M. Kvalheim, Director



Parent Survey

Dear Parent(s):

This center is undergoing an in-depth evaluation of all aspects of its program. Administrators and staff are giving thoughtful consideration to strengths and areas for improvement. Your input is essential to this effort. After this period of self-study, the program may pursue accreditation through the National Accreditation Commission (NAC). **This is a confidential survey and does not need to be signed.**

Please respond to these questions based on yo Fark'S Fage Preschool (location)	our experience with our program. Return the completed survey to by (date)
Steps for Completion (check each box when Fill out the survey. Return completed survey to the locatio Record date submitted to administrator	on designated by the administrator.

This survey is to be completed by the custodial adult(s) legally responsible for the child.

	Standard	Yes	No	Don't Know	
B1	My child and I were provided an orientation to the program that included a visit in the classroom for a period of time that allowed both of us to be comfortable in the new surrounding.				
B2	I have been given a copy of the written policies and procedures of the program.				
В3	I am permitted access to the program and to my child's classroom during all hours of operation and am made to feel welcome.				
B4	The administration provides me with important information about the program on a regular basis.				
B5	Staff members communicate with me on an on-going basis about my child's experiences and activities.				
В6	My child's teacher works with me to resolve any adjustment issues including transition from one classroom/teacher to another. (Check N/A if your child has not had any adjustment or transition difficulties.)				N/
В7	During scheduled parent conferences, my child's teacher provides me with information about my child's development and progress and asks for and considers my ideas. (Check N/A if you have not had a parent-teacher conference.)				N/
B8	The program provides information to help parents better understand their children's development and learning in a variety of ways, such as meetings, workshops, articles, etc.				
B10	Family members are given opportunities to use their skills and talents to contribute to the program.				
B11	Parents are given opportunities to share their feedback about the program through ongoing suggestions and annual written evaluations.				
C3	My child is released only to persons I authorized in writing.				

Parent Survey (continued)

	Standard	Yes	No	Don't Know	
C4	I have been given the program's written policy regarding the care of sick children.				
C5	Parents are notified when their child has been in an accident and/or has been exposed to communicable illnesses or parasites (such as lice).				
C12	I receive advance notification of each field trip activity that requires transportation. (Check N/A if your child is not transported for field trips.)				N/A
C13	All areas used by children are well lit, ventilated, and maintained at a comfortable temperature.				
C15	The center is kept clean and orderly and has no lingering, offensive odor including strong chemical odors.				
C19	I have been given a copy of the program's plan for moving children to another location in emergency situations.				
C22	I have been given information on providing my child with nutritionally balanced meals and/ or snacks to eat at the center. (Check N/A if the program provides all meals/snacks for your child while at the center.)				N/A
C25	My child has been in a consistent classroom with consistent teacher(s) and has not been moved to a new classroom more than one time each year.			. ,	
D1	Planned classroom activities for each day are posted by the teacher for my information.				
D4	The program works with parents to make reasonable modifications for children with short or long-term special needs. (Check N/A if you do not have a child with special needs.)				N/A
D10	I have observed the classroom teacher(s) actively engage my child in conversation (or respond to vocalizations of my infant or toddler) in meaningful ways.				
D15	The backgrounds, cultures, and experiences of the children and their families are often reflected in lesson plan activities and classroom materials.				i i
D20	Teachers provide other activities instead of using TV/DVD/video and computers with infants, toddlers, and two-year olds. (Check N/A if you do not have a child in these age groups.)				N/A
E1	The teachers greet my child and me by name upon arrival each day.				
E2	Teachers treat children with respect, and I have never seen them laugh at, embarrass, criticize, threaten, tease, or reject any child.				
E3	Teachers are responsive to my child's needs.				1

Parent Survey (continued)

	Standard	Yes	No	Don't Know
E4	Teachers give directions using positive words, for example "Walk" rather than "Don't run"; "Gentle touches" rather than "Don't hit".			
E6	My child is generally happy, relaxed and engaged in activities while at the center.			
F8	All staff members follow procedures that ensure the safe arrival and departure of the children.			

What else would you like to tell us?							
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