

Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

EXIT SURVEY

Thank you for taking a few moments to complete this survey. Your feedback will help us to continue to improve our services to children and families. All information provided is optional and confidential.

Name of Center: _____ Teacher: _____

Service provided (check one):

Full Day Part Day Wrap Children's Center Home-Based Early Head Start

Reason for leaving the program: _____

Please circle the rating that best describes your experience with our Child Development Program.

1. How was your registration/enrollment experience? Excellent Good Fair Poor

Comments: _____

2. Did you receive an orientation; introductions to the staff, support services, procedures? Yes No

Comments: _____

3. How would you describe your relationship with staff? Excellent Good Fair Poor

Comments: _____

4. How would you describe your child's relationships at school (with staff and other children)? Excellent Good Fair Poor

Comments: _____

5. How well do you feel your child has been prepared for his/her next step in school (preschool or kindergarten)? Excellent Good Fair Poor

Comments: _____

6. How would you describe the environment and safety of the classroom? Excellent Good Fair Poor

Comments: _____

Other Comments and Recommendations:

Date: _____ Signature (Optional): _____

Note: You may fold and seal (tape) this form to retain confidentiality if you wish.