



# Dr. Day Care Family

- Be You Coaching & Counseling • Child Care Consultants & Facilities Management •
- Dr. Day Care's Child Development Centers • Therapeutic Child Care Services •

## Parent Evaluation

Dear Parents:

This is your opportunity to evaluate our program. Evaluations are distributed annually in the month of January. Please complete this form and place it in a sealed envelope, signed or unsigned. Please leave with site director or mail to the address below. For added convenience you may also find this form online at [www.drdaycarefamily.com](http://www.drdaycarefamily.com). We value your time and opinion to these matters. Thank you!

Your child's grade: K    1    2    3    4    5    6    7    8

*Based on the experiences of my child and myself in this child care program, I am able to say that:*

Please select response	<u>Agree</u>	<u>Disagree</u>	<u>N/A</u>
The director supports us as a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers respond to my child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my child has benefited from his/her participation in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my child is safe and secure in this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activities my child participates in are educational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child enjoys the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child consistently receives an appropriate amount of help with homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent communication from the site keeps me informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Home Office provides communication to keep me informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The outdoor play area meets my child's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Our Mission

To provide family, youth and child services in a safe, structured, and nurturing environment through a team of dedicated professionals.

462 Smithfield Avenue, Pawtucket, Rhode Island 02860  
 Telephone: (401) 723-2277 ~ Fax: (401) 475-4832  
[www.drdaycarefamily.com](http://www.drdaycarefamily.com)

Please select response	<u>Agree</u>	<u>Disagree</u>	<u>N/A</u>
The staff demonstrate a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies are clear, fair, and consistently enforced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child enjoys the meals and snacks served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel the meals and snacks are nutritious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition rates reflect the quality of service offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and equipment are age appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and equipment are in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a variety of opportunities and choices about how to participate in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy reading the monthly Email Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional- Name: \_\_\_\_\_

Optional- Best telephone # for contact: \_\_\_\_\_

Optional- Email address: \_\_\_\_\_

**PLEASE FEEL FREE TO OFFER ANY FEEDBACK OR IDEAS ABOUT OUR PROGRAM:**

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