



Parent Satisfaction Survey

We are interested in knowing your satisfaction with the services you received. Please take time to fill out this survey. The information you provide will be used to understand your experiences and improve the services provided to your family.

I am a: Mother/Stepmother Father/Stepfather Grandparent Other: _____

1. Services and activities are offered at a convenient *location*.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

2. Services and activities are offered at convenient *times*.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

3. Staff members are welcoming and respectful.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

4. Staff members have asked me about my family's strengths, needs, and interests.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

5. Staff members speak my language.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

6. Staff members understood my family's identity and culture (traditions, values, religion, sexual orientation, special needs, etc.).

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

7. I have opportunities to share my opinions and ideas about the program.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

8. Staff members have helped me to learn about services, resources, and opportunities that are available in the community.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

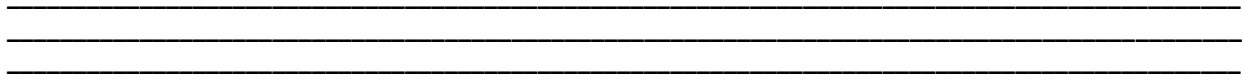
9. The services met my family's needs.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

10. Overall, this program has provided valuable support for me and my family.

Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
1	2	3	4	5

Additional Comments:



First 5 Evaluation Tool 2018-2021