

Parent Feedback Guide

in alignment with *How Does Learning Happen?*

Belonging	Yes	No	Unsure
Do you and your family feel a sense of belonging in the program?			
Do you feel the program values relationships with children and families?			
Do you and your family feel comfortable participating in activities and experiences offered through the program?			
What could the centre do to be more inclusive of you and your family?			
Comments, suggestions, things I like:			

Well-being	Yes	No	Unsure
Does the program consider the health and well-being of you and your family?			
Do you and your family feel supported by the program staff?			
Can you access resources that would help you and your family through the program?			
Is there anything the centre could consider when being a safe and positive environment for you and your family?			
Comments, suggestions, things I like:			

Your feedback is important to us. It will help us strengthen our program and contribute to Quality Child Care Niagara (QCCN). Thank you for taking the time to complete the Parent Feedback Guide.

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Engagement	Yes	No	Unsure
Are you invited to take part in what's going on at in the program? ex: what your child is learning, events that take place			
Do you and your family engage in activities and experiences that happen at or with the program?			
Are the staff and environment welcoming?			
What would you and your family like to learn more about?			
Comments, suggestions, things I like:			

Expression	Yes	No	Unsure
Are you and your family invited to share your thoughts?			
Do you feel safe and confident sharing ideas and suggestions?			
Do you feel there is open communication at the program?			
When is a best time our educators and/or staff can connect and communicate with you and how? (in person, email, phone)			
What are you and your family curious about?			
Comments, suggestions, things I like:			

Name (optional): _____

Please include your name if you would like our centre to follow up with you.