**2024 – 2025 Strong Beginnings Family Satisfaction Survey**

Welcome to the Strong Beginnings Family Satisfaction Survey! You are being asked to participate in this survey because your child is participating in the Strong Beginnings program.

To help us make our program the best it can be, please complete this survey. Your responses will be kept confidential and only added together with all parents/guardians in the Strong Beginnings programs.

**1. Are you the child's:**  
O Mother (including stepmom, foster mom)

O Father (including stepdad, foster dad)

O Grandparent

O Guardian

O Other: \_\_\_\_\_\_\_\_\_\_\_

**2. My child attending this program is the following race:** (select one option)  
O African American or Black  
O American Indian or Alaska Native  
O Asian

O Hispanic or Latino

O Middle Eastern or North African

O White (not Hispanic)

O Biracial or Multiracial

**3. While my child attended Strong Beginnings this year, we (I or other caregivers for this child) were able to: (check all that apply)**

O Start a new job, business or working more hours

O Attend career training programs

O Improve mental or physical health

O Other benefits for you or other caregivers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O None of the above

**If you selected None of the above to question 3, please answer question 3a.**

**3a. What are the main reasons enrolling this child in preschool did not benefit you with career opportunities? (check all that apply)**

O We are happy with where we are and not looking for more work or training

O We tried, but there are no opportunities in our community

O We tried, but we can’t find things that work with this preschool’s schedule

O We tried, but we have other non-preschool related things that stop us (transportation, family responsibilities, etc.)

O Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. My child loves going to this program.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I do not know

**5. My child has developed new skills and/or abilities (e.g., learned new words, able to play with other children, etc.) from attending the program.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I don’t know

**6. My child’s classroom has plenty of toys and learning materials.**   
O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I do not know

**7. My child knows the rules and routines of this program.**  
O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I do not know

**8. I feel the teachers have a good sense of my child’s interests and how to work with my child.**   
O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I do not know

**9. The teachers design activities that expose my child to the cultures, histories, or the communities we care about.**   
O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I do not know

**10. The field trips and/or special events I attended were well organized.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I do not know/I did not attend one

**11. This program makes me, the caregiver, feel supported and welcomed.**  
O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I don’t know

**12. I am well informed about what my child is doing at the program.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I don’t know

**13. This program checked in with me about my child’s interests and how we interact with each other at home. They make sure I know different ways or tools to support my child’s learning at home (ex. a website, book, cooking, or exercising).**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I don’t know

**14. This program makes sure I have support to address my child’s social, emotional, and behavioral needs.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I don’t know

**The next section asks about your experience working with the family liaison, (family liaison’s name), at this program.**

**15. The family liaison at this program, knows my and my child’s name.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I don’t know

**16. My family liaison spends time talking and listening to me.**

O Strongly Disagree  
O Disagree  
O Agree  
O Strongly Agree

O I did not spend time speaking to my family liaison

**17. I have been interested in getting the following information to help my child and family:**

O Healthy sleep patterns

O Potty training

O Food assistance programs

O Childcare subsidies

O School supplies assistance

O Job fair or employment opportunities

O Community/family social events

O Effective techniques for addressing my child’s social and emotional needs

O Online learning programs that would be helpful for my child

O Add other information interested in receiving here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O Not interested in any information

**18. From the items you selected in question 17 that you indicated you were interested in, check the topics below this program has given you information on. Otherwise, leave it blank so we know how to better inform you:**

O Healthy sleep patterns

O Potty training

O Food assistance programs

O Childcare subsidies

O School supplies assistance

O Job fair or employment opportunities

O Community/family social events

O Effective techniques for addressing my child’s social and emotional needs

O Online learning programs that would be helpful for my child

O Add other information interested in receiving here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19. What about this program has been most helpful to you and your family?**

**20. How can we improve the program?**

**Thank you for your feedback!**

**If you are interested in entering your name into a drawing for a $50 Amazon e-gift card as an appreciation of time, please enter your name and email address. (one per household)**

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First and Last Name Email Address**