List school district name here  
Parents as Teachers Missouri Curriculum Partner

Insert your school district logo here

PARENT SATISFACTION SURVEY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS** | | | | | | | | | |
| The “school district name” is requesting feedback to improve services provided through the Missouri Parents as Teachers (PAT) Parent Education Program. This survey requests feedback regarding the services provided to your family. Your response will be confidential.  Provide instructions for submission requirements, ie. survey monkey, mail in, etc. | | | | | | | | | |
| **For each statement, mark the response that best describes your experience.** | | | | | | | | | |
| **OUTCOMES** | | STRONGLY  AGREE | | AGREE | | DISAGREE | | STRONGLY DISAGREE | |
| My parent educator encourages me to read books to my child. | |  | |  | |  | |  | |
| My parent educator motivates me to try new parenting strategies. | |  | |  | |  | |  | |
| My parent educator connects me to resources to support my role as a parent. | |  | |  | |  | |  | |
| This program has increased my understanding of my child’s development. | |  | |  | |  | |  | |
| I am able to help my child(ren) learn new skills because of this program. | |  | |  | |  | |  | |
| My parent educator is knowledgeable and professional. | |  | |  | |  | |  | |
| I am satisfied with this program. | |  | |  | |  | |  | |
| I would recommend this program to a friend. | |  | |  | |  | |  | |
| Provide additional feedback. | | | | | | | | | |
| **FAMILY AND SERVICE INFORMATION** | | | | | | | | | |
|  | | Child not Born | Under Age One | Age  One | Age  Two | Age Three | Age  Four | Age  Five | Age  Six |
| Indicate the number of children in your family by their age at the time of the survey. | |  |  |  |  |  |  |  |  |
|  | 0 – 6  Months | 7 – 12  Months | | 1 – 2  Years | | 2 – 3  Years | | More than  3 Years | |
| How many years has your family participated in the program? |  |  | |  | |  | |  | |
|  | Less than  Three | At least  Five | | At least  Ten | | At least  15 | | At least  20 | |
| How many family visits have you participated in during this school year? |  |  | |  | |  | |  | |
|  | | Yes | | No, but one is scheduled. | | No | | Chose not to participate | |
| Has your child(ren) received a developmental screening during this school year? | |  | |  | |  | |  | |
|  | | One | | Two | | Three or  more | | Chose not to participate | |
| How many group connections have you participated in during this school year? | |  | |  | |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FAMILY AND SERVICE INFORMATION (Continued)** | | | | |
|  | STRONGLY  AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
| The schedule of family visits meet my family’s needs. |  |  |  |  |
| Provide additional feedback. | | | | |
| **FAMILY VOICE** | | | | |
| How has the PAT Parent Education Program impacted your family this year? | | | | |