

Parent Survey

Program Name: _____ Date Program Was Offered: _____

At BGC Pembroke we value your feedback. Please help us improve our program by indicating how much you agree or disagree with the following statements. Leaving your name is optional.

Area of service	Quality Rating					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know
<u>Program:</u>						
Provides creative, active and varied opportunities						
Encourages the full <i>participation</i> of my child						
Supports my child in developing <i>friendships</i> and embracing diversity						
Provides <i>caring adults</i> that foster a sense of belonging and security						
Challenges my child to <i>master</i> skills or build new ones						
<u>Staff:</u>						
Demonstrate caring and sensitivity towards all children						
Provide a safe and welcoming environment, where every child belongs						
Show genuine interest for my child						
Overall, on a scale of 1 – 10 (with 1 being the lowest score and 10 being the highest score)						
We would rate the program as:	We would rate the staff as:		We would rate our overall experience as:			

Was there one (or more) staff/volunteer that stood out for you and your child? If so, please elaborate:

Where did you hear about the BGC Pembroke Program?

Will you consider returning to a BGC Pembroke Program?

More comments? We welcome your feedback and suggestions.

Would you like us to follow up regarding your child's experience? Yes Please No Need

If yes, Parent Name _____

Child's Name _____ Phone: _____

Thank you for participating in our survey!