**(Name of preschool) Feedback Form**

Date \_\_\_/\_\_\_/\_\_\_\_\_\_

***Help us provide you and your child with the most enjoyable preschool years!***

Please score the following areas from 1 to 5 and include and comments you wish to make in the box provided. This is anonymous but if you wish, you may sign your name at the end of the form.

**PREMISES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 poor | 2 satisfactory | 3 good | 4 very good | 5 excellent |
| Cleanliness |  |  |  |  |  |
| Heat & light |  |  |  |  |  |
| General atmosphere |  |  |  |  |  |
|  |  |  |  |  |  |
| Any other comment: |

**STAFF:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 poor | 2 satisfactory | 3 good | 4 very good | 5 excellent |
| Approachable |  |  |  |  |  |
| Professional |  |  |  |  |  |
| Thoughtful |  |  |  |  |  |
|  |  |  |  |  |  |
| Any other comment: |

**ACTIVITIES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 poor | 2 satisfactory | 3 good | 4 very good | 5 excellent |
| Suitability |  |  |  |  |  |
| Enjoyable |  |  |  |  |  |
| Variety |  |  |  |  |  |
|  |  |  |  |  |  |
| Any other comment: |

*Please turn over…*

Please tick the most appropriate answer for you

1. Does your child enjoy coming to preschool?

Always \_\_\_ Most of the time \_\_\_ Sometimes \_\_\_ Never \_\_\_

1. Would you recommend our preschool to others?

Yes \_\_\_ No \_\_\_ Maybe \_\_\_

Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any changes you would like to see here?

Yes \_\_ No \_\_

If Yes, please explain below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many thanks for taking the time to read and fill this form.

Signature (OPTIONAL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_