

# Parent Evaluation Form

1) Overall, how would you rate the care I provide your child? Circle one.

Needs Improvement		Pretty Good		Wonderful
1	2	3	4	5

2) What do you like best about my program?

3) What could I do to improve my program?

4) Would you recommend my program to other parents? Why or why not?

5) Would you like to volunteer in my program? Doing what?

6) How could I advertise my program to attract new clients?

7) What additional "special services" are you interested in that I could offer?

8) Other comments or suggestions:

Parent's name (optional) \_\_\_\_\_ Date \_\_\_\_\_

Child's name (optional) \_\_\_\_\_