



EDCC Program _____ **AM** _____ **PM** _____ **AM & PM** _____

2017 EDCC PROGRAM FAMILY QUESTIONNAIRE

Please circle the answer that best fits:

- | | | | | |
|--|-------------------|----------|-------|----------------|
| 1. My child enjoys coming to EDCC. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 2. EDCC offers a variety of activities. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 3. While at EDCC, my child is kept safe at all times. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 4. EDCC Staff always know where my child is. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 5. EDCC Staff are always engaged with the children. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 6. My child has gained new skills and/or knowledge during EDCC. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 7. The EDCC Staff maintains open communication with regards to my child. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 8. The EDCC Staff are friendly and greet me when I walk through the door. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 9. I receive adequate information from the sites and office; i.e. calendars, etc.? | Strongly Disagree | Disagree | Agree | Strongly Agree |

Please complete the questions below:

- What do you and your child like best about the EDCC program? _____

- What do you and your child like least about the EDCC program? _____

- What types of activities would you like to see offered at EDCC? _____

- Please comment on your interaction, if any, with the EDCC Office? _____

- Is there any other information you would like us to know? _____

You may contact me to discuss this survey:

Name _____ Cell _____ Email _____

Thank you for taking the time to complete this survey.