

BREAKING THE BARRIERS TO CHILD CARE SCHOLARSHIP PROGRAM

Satisfaction Survey for Parents

Date: _____

Please help us improve our services by filling out this survey and returning it in the enclosed envelope. Your responses will be confidential. Your feedback is very important to us. Thank you in advance for your cooperation!

Please list your response for each item according to the scale below:

0=strongly disagree 1=disagree 2=neutral 3=agree 4=strongly agree N=not applicable / no opinion

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. The scholarship specialist responded to my referral in a timely manner. | 0 | 1 | 2 | 3 | 4 | N |
| 2. The specialist's role was clearly explained to me. | 0 | 1 | 2 | 3 | 4 | N |
| 3. I felt I had a good relationship with the specialist. | 0 | 1 | 2 | 3 | 4 | N |
| 4. I believe that the scholarship service was helpful. | 0 | 1 | 2 | 3 | 4 | N |
| 5. I felt listened to by the specialist. | 0 | 1 | 2 | 3 | 4 | N |
| 6. The specialist respected my opinions. | 0 | 1 | 2 | 3 | 4 | N |
| 7. The specialist answered my questions. | 0 | 1 | 2 | 3 | 4 | N |
| 8. I learned new child care consumer techniques through the specialist. | 0 | 1 | 2 | 3 | 4 | N |
| 9. I was able to keep/start employment or continue education due to the scholarship. | 0 | 1 | 2 | 3 | 4 | N |
| 10. The scholarship allowed me to chose the child care business of my choice | 0 | 1 | 2 | 3 | 4 | N |
| 11. Overall, I am satisfied with the scholarship service I received. | 0 | 1 | 2 | 3 | 4 | N |
| 12. How did you find out about the Breaking the Barriers to child care scholarship you received | | | | | | |

13. What is the most important thing that has happened for you because of the child care scholarship you received?

14. What is the most important thing that has happened for your child(ren) because of the child care scholarship you received _____

15. What was the best thing about your experience with the specialist?

16. What could have been better? How can the scholarship service be improved?

17. Are you pleased with your current child care services?

18. What would help to make your child care services better?

19. Would you recommend this scholarship service to other parents? _____

20. Other comments: _____

OPTIONAL: Specialist's Name: _____ OPTIONAL: Your Name: _____