



Parent/Guardian Survey 2021

Dear Parents/Guardians,

Early Head Start and Head Start programs are required to get input from families every year to make sure that quality services are being provided and to gain suggestions or how improvements can be made. Please participate by completing the survey as your input is greatly needed and appreciated. **Please return the survey in a sealed envelope to the front desk by May 11th. Do not include your name on the survey.** Pídamayayapi!

1.	How did you learn about CWOO?

2.	Was orientation at the beginning of the program year helpful to you?	Yes		No
3.	My child enjoys going to CWOO.	Yes	Sometimes	No
4.	Do you think the staff is friendly and supportive?	Yes	Sometimes	No
5.	Do you think the staff is knowledgeable about your child?	Yes	Sometimes	No
6.	Do you feel the program is meeting the needs of your child and family?	Yes	Sometimes	No
7.	Do you feel the program is culturally sensitive?	Yes	Sometimes	No
8.	Do you feel the program provides timely and effective communication about your child?	Yes	Sometimes	No
9.	Do you receive sufficient notice of upcoming parent meetings and program activity dates or the center closing for staff meetings or holidays?	Yes	Sometimes	No
10.	Materials & information are sent home to me in my home language.	Yes	Sometimes	No
11.	The staff is accessible to me when I have questions.	Yes	Sometimes	No
12.	Did the staff help you in any COVID-19 related needs?			
13.	Are you familiar with the lessons taught in your child's classroom?	Yes		No
14.	Do you receive updates on your child's developmental progress?	Yes	Sometimes	No
15.	I am involved in developing educational goals for my child.	Yes	Sometimes	No
16.	The classroom has an open and welcoming atmosphere.	Yes	Sometimes	No
17.	Do you have transportation needs to and from the CWOO?	Yes	Sometimes	No

18.	The program provides nutritious meals.	Yes	Sometimes	No	
19.	I receive menus in a timely manner.	Yes	Sometimes	No	
20.	I have an opportunity to give input into the selection of foods used by the program or nutritional activities.	Yes	Sometimes	No	
21.	Staff has worked with me to identify my child's nutritional needs, including my family's eating patterns, and/or special feeding requirements for my child.	Yes	Sometimes	No	
22.	Has the staff asked what needs your family may have?	Yes		No	
23.	Have you participated in home visits and parent/teacher conferences this year?	Yes		No	
24.	Has the staff assisted your family in setting goals?	Yes	Sometimes	No	
25.	If you had a need, did the staff help you in locating services in the community?	Yes	Sometimes	No	
26.	Family literacy activities are available to complete at home.	Yes	Sometimes	No	
27.	I have been informed about a variety of volunteer opportunities.	Yes		No	
28.	My questions and concerns are handled appropriately by staff at the center.	Yes	Sometimes	No	
29.	Activities planned at the center are valuable to me.	Yes	Sometimes	No	
30.	How often do you attend parent meetings?	Monthly	4-6 times a year	1-3 times a year	Never
31.	I am satisfied with the mental health services that the program has provided?	Yes	Sometimes	No	
32.	If your child has a disability, has the program met your child's needs?	Yes	Sometimes	No	
33.	If your child has a disability, do you understand your rights under IDEA?	Yes	Sometimes	No	
34.	If your child has a disability, are you confident in your ability to identify, access, and advocate for resources for your child?	Yes	Sometimes	No	
35.	Are you satisfied with the health services that the program has provided?	Yes	Sometimes	No	
36.	The staff has asked me to provide information about my child's health.	Yes	Sometimes	No	
37.	Did the staff assist you in obtaining all screenings/exams required by Head Start? (providing a list of persons/resources, making appointments, sending reminders, etc.)	Yes	Sometimes	No	
38.	Did the staff assist you in obtaining follow-up services regarding health issues for your child?	Yes	Sometimes	No	
39.	Are you aware the program has a Policy Council?	Yes		No	
40.	Do you ever receive updates from the Policy Council?	Yes	Sometimes	No	
41.	I know about some of the things that the Policy Council does.	Yes		No	
42.	Do the operational hours and days of service meet the needs of your family?		Yes	No	
If no, list what would meet the needs.					

**Did you or your child change as a result of participating at CWOO this year?
Select the most appropriate answer that reflects how you, your family or child may have benefited from the program.**

43.	My child has grown in his/her physical development.	Much	Some	None
44.	My child has grown in his/her social/emotional development.	Much	Some	None
45.	My child has grown in his/her literacy and language skills	Much	Some	None
46.	My child has grown in learning the Dakota Language.	Much	Some	None
47.	I have learned to better understand and teach my child.	Much	Some	None
48.	I spend more time reading with my child.	Much	Some	None
49.	Our family is more connected to the community.	Much	Some	None
50.	I have made positive changes in my life as a result of being in the Early Head Start program.	Much	Some	None
51.	Overall our family is better off after having attended the program.	Much	Some	None

52.	DISTANCE LEARNING How would you rate your distance learning experience?	Very good	Good	Same as in person	Bad	Very bad
53.	What went well during the distance learning period?					
54.	What was challenging during the distance learning period?					
55.	How would you rate your In-Person learning experience?	Very good	Good	Same as in person	Bad	Very bad
56.	How would you rate the Preparedness Plan Protocols for In-Person learning experience?	Very good	Good	Same as in person	Bad	Very bad
57.	What went well during the in-person learning period?					

58.	What was challenging during the in-person learning period?		
59.	Do you feel the school can maintain a safe environment for students?	Yes	No
60.	What are some suggestions/ideas you have to make the school a safer environment?		
61.	Which of the following options best fits your preference for the upcoming summer and school year. Pick one.		
	TELEVISITS/DISTANCE LEARNING	IN PERSON LEARNING	HYBRID-attending smaller childcare

WE NEED YOUR SUGGESTIONS! The program takes input from parents seriously. Please provide us with comments on how we can make our services better regarding:

62.	Education Services	
63.	Health Services	
64.	Mental Health Services	
65.	Child Nutrition Services	
66.	Child Nutrition/Meal Service	
67.	Disability Services	
68.	Family Services/Parent Involvement/Parent Meetings?	

69.	CWOO facilities	
70.	CWOO playground	

71.	Tell us what we have done well!

72.	Any additional comments:

Pidamaya for participating!