List school district name here  
Parents as Teachers Missouri Curriculum Partner

Insert your school district logo here

PARENT SATISFACTION SURVEY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INSTRUCTIONS** | | | | | |
| The “school district name” is requesting feedback from families participating in Family Personal Visits to improve services provided through the Missouri Parents as Teachers (PAT) Parent Education Program. This survey requests feedback regarding the services provided to your family. Your response will be confidential.  Provide instructions for submission requirements, ie. survey monkey, mail in, etc. | | | | | |
| Individual completing the survey: | Parent Grandparent Caregiver/Legal Guardian | | | | |
| **For each statement, mark the response that best describes your experience.** | | | | | |
|  | | STRONGLY  AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
| My parent educator encourages me to read books to my child. | |  |  |  |  |
| My parent educator motivates me to try new parenting strategies. | |  |  |  |  |
| My parent educator connects me to resources to support my role as a parent. | |  |  |  |  |
| This program has increased my understanding of my child’s development. | |  |  |  |  |
| I am able to help my child(ren) learn new skills because of this program. | |  |  |  |  |
| Because of this program I feel that I am better able to handle stress | |  |  |  |  |
| This program has had a significant impact on my family. | |  |  |  |  |
| I am satisfied with this program. | |  |  |  |  |
| I would recommend this program to a friend. | |  |  |  |  |
| My parent educator is knowledgeable and professional. | |  |  |  |  |
| The schedule of family visits meets my family’s needs. | |  |  |  |  |
| Provide additional feedback. | | | | | |
| **FAMILY VOICE** | | | | | |
| How has the PAT Parent Education Program impacted your family this year? | | | | | |