

Parent Survey

Program Name: _____ **Date Program Was Offered:** _____

Dear Parent or Guardian:

At BGC Renfrew County, we value your feedback. Please help us improve our program by indicating how much you agree or disagree with the following statements. Leaving your name is optional.

Area of Service	Quality Rating				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<u>Program:</u>					
• Provides creative, active and varied opportunities.					
• Encourages the full <i>participation</i> of my child.					
• Supports my child in developing <i>friendships</i> and embracing diversity.					
• Provides <i>caring adults</i> that foster a sense of belonging and security.					
• Challenges my child to <i>master</i> skills or try new ones.					
<u>Staff:</u>					
• Demonstrate caring and sensitivity towards all children.					
• Provide a safe and welcoming environment, where every child belongs.					
• Show genuine interest for my child.					
Overall, on a scale of 1 – 10 (with 1 being the lowest score and 10 being the highest score)					
We would rate the program as:	We would rate the staff as:	We would rate our overall experience at BGC Renfrew County as:			
Was there one (or more) staff/volunteer(s) that stood out for you and your child? If so, please elaborate:					
Where did you hear about the BGC Program?					
Will you consider returning to a BGC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?					
What barriers do you encounter in accessing our programs?					
What program(s) would your family like to participate in that we aren't currently offering?					
Would you like us to follow up regarding your child's experience? <input type="checkbox"/> Yes please <input type="checkbox"/> No need					
If yes please provide your name, phone number and child's name.					
Parent: _____ Child: _____ Phone: _____					