

Program Profile:

Family Interview Questions

Guidelines	Questions	Type of Question
Basic Info	Do you have children in more than one classroom?	Y/N
Basic Info	What classroom(s) is your child(ren) in?	Open Ended
Basic Info	What is your child(ren)'s teacher(s) name(s)?	Open Ended
Basic Info	How long has your child(ren) attended this program? a. 6 months or less b. 6 months to 12 months c. 1 year to 3 years d. 3 years to 6 years e. 6 years to 12 years	Multiple Choice
Basic Info	What age range best describes your child's(ren's) age group? (Check all that apply) a. Infant (Birth to 11 Months) b. Toddler (12 Months-29 Months) c. Preschool (30 Months-6 years that are not attending kindergarten or elementary school) d. School Aged (5 years-12 years that are attending kindergarten or elementary school)	Multiple Choice
My Story	What do you love about our early learning program?	Open Ended
Child Outcome	Does your child have an identified disability?	Y/N
Child Outcome	Does our program work with you to meet your child's(ren's) individual needs?	Y/N

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Family Engagement and Partnership	Does our program help you get resources within the community when needed?	Y/N
Family Engagement and Partnership	When your child started our program, did you feel supported?	Y/N
Family Engagement and Partnership	Do you feel comfortable talking with us when you have concerns?	Y/N
Family Engagement and Partnership	How satisfied are you with the following characteristics of your current early learning program? a. Meeting the individual needs of your child(ren) b. Communication with program staff c. Welcoming environment d. Interactions between staff and children e. Opportunities to interact with other parents f. Curriculum/What children are learning g. Culturally sensitive to your family values h. Nutritional meals and snacks i. Health and safety policies and procedures j. How the program promotes your child(ren)'s learning and development k. Opportunities to have planned (meetings) conferences with your child(ren)'s teacher	Rate Choose one: Not satisfied, Satisfied, or Very Satisfied
Family Engagement and Partnership	How likely are you to recommend our program to other families looking for childcare? (1-Not at all likely to 5-Extremely likely)	(1-5 Rating)
Feedback	Does your program provide distance learning?	Y/N
Feedback	Do you have any additional comments?	Open Ended
Optional - System Questions	What race(s) do you consider your child? (Check all that apply) a. Black or African American b. White c. Asian d. American Indian e. Alaska Native	Multiple Choice



	f. Native Hawaiian or other Pacific Islander g. Prefer not to answer h. Other (comment box)	
Optional - System Questions	Is your child(ren) Hispanic or Latino?	Y/N
Optional - System Questions	What is your home language? (Home language: The language spoken at home. It is sometimes called the first, native or primary language) a. Arabic b. English c. Farsi d. Russian e. Somali f. Spanish g. Mandarin h. Cantonese. i. Vietnamese j. Other (comment box)	Multiple Choice
Optional - System Questions	Do you have any comments or suggestions about the interview? Please share your ideas with us.	Open Ended

