Service Name:

Family Name: _____

Policy Under Review: _____

Please return your feedback by: _____

Please indicate your response to each of the following questions by circling the answer that you feel is appropriate to your thoughts.

Scale: 1 Needs Attention 2 Low 3 Average 4 Good 5 Excellent

After reading the existing policy, how would you rate it? 1 2 3 4 5

Do you believe the existing policy meets the needs of your child? 1 2 3 4 5

Do you believe the existing policy reflects high quality care and education practices for your child? Y / N

Do you have any comments, suggestions, recommendations or amendments for the current policy that may be incorporated into a new one?

_____

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Please enter your comments as they are important for the continuum of providing high quality care and education for you and the future generation of children.

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Thank you