|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ALUMNI SURVEY | | (Early Childhood) | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Name (optional) | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Current School | |  |  |  | Last School Year | |  |
|  |  |  |  |  |  |  |  |
| To assist us in determining the effectiveness of the school's program, please indicate | | | | | | | |
| your agreement or disagreement with the following statements. We would appreciate any | | | | | | | |
| information that you are willing to share to help us strengthen our program and improve | | | | | | | |
| communications with our former students. | | | |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| As an alumna/ae of (school name), do you | | |  |  |  |  |  |
| agree that your child was well | | |  |  |  |  |  |
| prepared for their next environment? | | |  |  |  |  |  |
| Comment: |  |  |  |  |  |  |  |
|  | | | | | | | |
| Do you feel that (school name) had | | |  |  |  |  |  |
| adequate teaching resources? | | |  |  |  |  |  |
| Comment: |  |  |  |  |  |  |  |
|  | | | | | | | |
| Were you satisfied with the development of your child? | | |  |  |  |  |  |
| Comment: |  |  |  |  |  |  |  |
|  | | | | | | | |
| Has the philosophy of (school name) influenced your child? If so, how? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Is your child involved in any extracurricular programs (sports, choir, clubs, etc.)? | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| We would like to stay in touch with you and your child's elementary school progress. | | | | | | |  |
| What is the most effective way to stay in touch? | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |
| \_\_\_\_\_letters \_\_\_\_\_newsletters \_\_\_\_\_email \_\_\_\_\_other | | | | |  |  |  |
|  |  |  |  |  |  |  |  |
| In order for us to assess the effectiveness of our academic program, will you please let | | | | | | |  |
| us know how your child is doing in his/her current school? This is a requirement of our | | | | | | |  |
| accreditation that we review this information to ensure that our program is preparing our | | | | | | | |
| friends for success in their new environment. | | | |  |  |  |  |
|  | | | | | | | |
| How likely is it that you would recommend (School name) to a friend or family member? | | | | | | | |
| (0--not likely at all, 10--highly likely) | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | 0 1 2 3 4 5 6 7 8 9 10 | | | | | |  |