

Sacramento City Unified School District  
**CHILD DEVELOPMENT DEPARTMENT**

## EXIT SURVEY

Thank you for taking a few moments to complete this survey. Your feedback will help us to continue to improve our services to children and families. All information provided is optional and confidential.

Name of Center: \_\_\_\_\_ Teacher: \_\_\_\_\_

Service provided (check one):

Full Day     Part Day     Wrap     Children's Center     Home-Based     Early Head Start

Reason for leaving the program: \_\_\_\_\_

---

**Please circle the rating that best describes your experience with our Child Development Program.**

1. How was your registration/enrollment experience?    Excellent    Good    Fair    Poor

Comments: \_\_\_\_\_

2. Did you receive an orientation; introductions to the staff, support services, procedures?    Yes    No

Comments: \_\_\_\_\_

3. How would you describe your relationship with staff?    Excellent    Good    Fair    Poor

Comments: \_\_\_\_\_

4. How would you describe your child's relationships at school (with staff and other children)?    Excellent    Good    Fair    Poor

Comments: \_\_\_\_\_

5. How well do you feel your child has been prepared for his/her next step in school (preschool or kindergarten)?    Excellent    Good    Fair    Poor

Comments: \_\_\_\_\_

6. How would you describe the environment and safety of the classroom?    Excellent    Good    Fair    Poor

Comments: \_\_\_\_\_

**Other Comments and Recommendations:**

---

---

---

---

Date: \_\_\_\_\_ Signature (Optional): \_\_\_\_\_

Note: You may fold and seal (tape) this form to retain confidentiality if you wish.