

Kindergarten Parent Survey

The goal of Dearborn Public Schools is to improve services for families of young children to prepare them to be ready for school. Parent answers to these questions will help identify additional services the district/county may be able to provide for all families.

1. My child was enrolled in an early childhood program in a school or center.

- ☐ Yes
- ☐ No

1a. If Answering yes to question 1, please provide city/location and age of care (birth to age 5, etc)

2. My child was enrolled in home-based child care.

- ☐ Yes
- ☐ No

2a. If responding Yes to question 2, please provide city/location and age of care (birth to age 5, etc)

3. My child was cared for by a family member, friend or neighbor.

- ☐ Yes
- ☐ No

4. I cared for my child at home

- ☐ Yes
- ☐ No

5. My child received home visiting services

- ☐ Yes
- ☐ No

6. My Child was cared for through another arrangement (please describe)

7. If care was not in your home, were you satisfied with the care your child received between ages of birth to 5?

- ☐ Yes
- ☐ No

7a. If answering no to question 8, please explain why you were not satisfied

**8. What is the most important factor for you when deciding who will provide care for your child?
Please check all that apply**

- ☐ ☐ Convenient location
- ☐ ☐ Convenient Hours
- ☐ ☐ Quality of care provided
- ☐ ☐ Educational component
- ☐ ☐ Cost of care
- ☐ ☐ Other:

9. Check if you had trouble with finding care for your child in Dearborn due to any of the following:

- ☐ ☐ Difficulty accessing care due to inconvenient location or transportation issues
- ☐ ☐ Difficulty finding care during the hours needed
- ☐ ☐ Difficulty finding high quality care
- ☐ ☐ Difficulty finding educational care
- ☐ ☐ Cost of child care
- ☐ ☐ Other:

10. What parent/child educational programs or activities have been beneficial for your child and family?

- ☐ ☐ Faith-based programs
- ☐ ☐ Parent/child play groups
- ☐ ☐ Preschool programs
- ☐ ☐ City recreational facilities/programs
- ☐ ☐ Events at neighborhood school
- ☐ ☐ Home Visits
- ☐ ☐ Other:

11. What other programs and services would have been beneficial for your child and family if they had been available prior to kindergarten?

- ☐ ☐ Faith-based programs
- ☐ ☐ Parent/child play groups
- ☐ ☐ Preschool programs
- ☐ ☐ City recreational facilities/programs
- ☐ ☐ Events at neighborhood school
- ☐ ☐ Home Visits
- ☐ ☐ Other:

12. What language(s) do you speak with your child at home?

13. What language(s) do you use to read with your child at home?

14. Did you feel that your child was prepared for kindergarten when he/she started school?

- ☐ ☐ Yes
- ☐ ☐ No
- ☐ ☐ Other:

15. What skills did your child perform independently before starting kindergarten?

- ☐ ☐ Zipping coat
- ☐ ☐ Dressing self
- ☐ ☐ Holding a pencil
- ☐ ☐ Writing letters/names
- ☐ ☐ Writing numbers 1-10
- ☐ ☐ Using scissors
- ☐ ☐ Using the restroom independently
- ☐ ☐ Washing hands
- ☐ ☐ Playing well with other children
- ☐ ☐ Other:

16. What other information would you like to share with your child's teacher regarding your child?

Select school your child attends and click.

- ☐ ☐ Becker
- ☐ ☐ DuVall
- ☐ ☐ Henry Ford
- ☐ ☐ Wm Ford
- ☐ ☐ Geer Park
- ☐ ☐ Haigh
- ☐ ☐ Howard
- ☐ ☐ Howe
- ☐ ☐ Lindbergh
- ☐ ☐ Long
- ☐ ☐ Lowrey
- ☐ ☐ Maples
- ☐ ☐ McCollough

- ☐ ☐ McDonald
- ☐ ☐ Miller
- ☐ ☐ Nowlin
- ☐ ☐ Oakman
- ☐ ☐ River Oaks
- ☐ ☐ Salina El
- ☐ ☐ Snow
- ☐ ☐ Whitmore-Bolles

Submit