

VIRGINIA EARLY CHILDHOOD CERTIFICATES

Virginia Early Childhood Certificates
Parent/Guardian Survey

Dear Parent or Guardian,

I have applied for the Virginia Early Childhood Certificate with the Virginia Department of Social Services. This certificate will allow me to meet the qualifications required for me to work with children at this program.

As part of the process of getting certified, I need to get opinions from parents about my work with their children. I am requesting your help by asking that you complete this survey. Your answers will be confidential. Please do not sign your name. When you have finished the survey, please seal it in the envelope provided and return it to the office.

After all of the surveys are turned in, they will be sent to my professor at the community college, who will discuss the results with me and provide feedback. I would appreciate your open and honest comments to help me learn what I am doing well and what I can do better in my work as a teacher or teacher assistant.

Thank you for your help.

Name (please print)

Signature

Date

September, 2010

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Please answer each question and provide comments in the section at the end.

Name of Candidate: _____

Position: _____ Teacher _____ Teacher Assistant

Center/classroom _____ From _____ until _____
month/year month/year

This teacher/teacher assistant:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Communicates with me about accidents or incidents that happen at the school/center during the day.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Helps my child to wash hands and brush teeth, and teaches the importance of both of these activities for good health.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Helps prevent accidents by keeping the classroom and playground in good condition, reporting safety hazards, and keeping the children away from any safety hazards as much as possible.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Keeps my child safe by only allowing him/her to leave the building or exit the bus with people who have my permission.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Tells me about my child's eating, sleeping, and toileting, diapering, mood and behavior.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Follows instructions for feeding for my infant or my child with food allergies.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Shares enthusiasm about my child's learning activities, progress and successes.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Works with me to help my child learn to control his/her behavior, follow rules and make friends.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. Helps to organize the classroom and toys so that my child can find and play with the toys he/she wants.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. Has pleasant conversations with my child often.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Reads to my child often and talks about the books they read.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Takes my child outside for active play every day except when the weather is bad.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	13. Helps my child feel proud of his/her accomplishments, no matter how small.

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<input type="checkbox"/>	<input type="checkbox"/>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	14. Encourages my child to participate in music, art, dance, and pretend activities every day.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	15. Shows me that he/she is really interested my child and me.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	16. Has a pleasant manner and is always polite, professional and friendly.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	17. Shows that she is part of the entire teaching team by communicating with other teachers and assistants in the class about my child and my concerns or requests.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	18. Maintains confidentiality by not talking about my child or our family in front of others.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	19. Asks me about and listens to my ideas, suggestions, and concerns regarding my child.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	20. Makes me feel welcome whenever I visit the school or the classroom and encourages me to visit any time.
What is your opinion about this person's work with your child?		