

# Parent Satisfaction Survey

In support of our constant effort to improve the delivery and quality of the Leaders, Peer Leaders and Peer to Peer program, we request your cooperation in completing this survey. Please complete this form and return as soon as possible.

1) Your child(s) grade and school: \_\_\_\_\_

Rate the following questions by checking the answer that best represents your opinion (5 being the highest)

2) Overall, how would you rate the LYCS program?

Excellent 5     Satisfied 4     Neutral 3     Somewhat Dissatisfied 2     Dissatisfied 1     N/A

3) Timely distribution of program information and calendar.?

Excellent 5     Satisfied 4     Neutral 3     Somewhat Dissatisfied 2     Dissatisfied 1     N/A

4) How satisfied are you with our handling of your concerns and questions?

Excellent 5     Satisfied 4     Neutral 3     Somewhat Dissatisfied 2     Dissatisfied 1     N/A

5) In what way(s) has your child benefited from their participation in the Leaders Program?

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6) How often does your child tell you about the topic at Leaders each month?

Always 5     Often 4     Sometimes 3     Seldom 2     Never 1     N/A

7) How can we improve the Leaders Program?

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8) What topics would you like to see included in the curriculum?

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9) What activities would increase your family's participation and involvement in the LYCS programs?

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10) Would you prefer classes to be scheduled on the same day each month (i.e. first Monday of the month) or a different day each month?

Same day each month     Different day each month    Comment: \_\_\_\_\_

**PLEASE RETURN TO LYCS PROGRAM:** P.O. Box 822, Livingston, New Jersey 07039, Email: [lycs@livingston.org](mailto:lycs@livingston.org),  
Tel: (973) 535-2646, Fax: (973) 992-9318, Website: [www.livingstonlycs.org](http://www.livingstonlycs.org)

LYCS is a program of the Township of Livingston: Department of Senior, Youth and Leisure Services



**Grades 3-5 Parent Assignment #7 - Survey**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Briefly describe your discussion on feelings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this lesson helpful? Yes/ No

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Raffle Entry**

**Grade 3-5: Parent Assignment #7 - Survey**

Student's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Please complete this sheet and return to LYCS, PO Box 822, Livingston, NJ 07039,  
Fax: 973-992-9318 email: [lycs@livingston.org](mailto:lycs@livingston.org)  
or drop off to Monmouth Court Community Center (26 Monmouth Court, 2<sup>nd</sup> Floor)