

DEER PATH MONTESSORI SCHOOL

Please return by **MON. 6/8**

Anonymous End-of-Year Survey

Our mission at Deer Path Montessori School is to provide the highest quality Montessori education possible. One way that we work to ensure the quality of our program, and the satisfaction of those that we serve, is by administering the attached survey. Please take a few minutes to complete the survey and return it with any additional comments that you may have. If there is a question that you are uncomfortable answering, please skip it. Remember, we need your candid responses in order to have a better profile of who we are serving and how to improve our school. Your responses are completely confidential & will be used only for this purpose.

1. How long has your child been at the school? _____ years

2. What other schools did you consider? _____

3. Why did you choose this school? (mark all that apply and circle the most important)

- Quality of the Classrooms
 Desire for Private School
 Desire for Montessori Program
 Need for Child Care
 Proximity to home/work
 Referral
 Price
 Other (list) _____

	poor-----excellent				
4. Please rate the following items as they relate to the classroom:					
Aesthetic quality of the environment	1	2	3	4	5
Curriculum	1	2	3	4	5
Cleanliness	1	2	3	4	5
Materials	1	2	3	4	5
Child/teacher relationship	1	2	3	4	5
Child/assistant teacher relationship	1	2	3	4	5
Parent/teaching staff communication	1	2	3	4	5
Classroom observations	1	2	3	4	5
Overall quality	1	2	3	4	5
Is your child making the educational achievements that you expect				Yes	No

5. Please rate the following times as they relate to the events offered: (*Circle only if your child attended*)

Children's Field Trip to Fosterfields	1	2	3	4	5
Ice Cream Social	1	2	3	4	5
Thanksgiving Feast	1	2	3	4	5
Stepping Stones High View Farm Trip	1	2	3	4	5
Phase In	1	2	3	4	5
Bringing Montessori Home Workshop	1	2	3	4	5
Back-to-School Night	1	2	3	4	5
Fathers' Reading Week	1	2	3	4	5
Music Awareness Week	1	2	3	4	5
Montessori Education Week	1	2	3	4	5
Vision Screening	1	2	3	4	5
Visitors /Grandparents Days	1	2	3	4	5
Open House	1	2	3	4	5
Fall Service Project: Adopt-a-Family Program	1	2	3	4	5
Spring Service Project: Local Food Drive	1	2	3	4	5
Walk-a-Thon	1	2	3	4	5
Lenape Indian Presentation (<i>Kindergarten ONLY</i>)	1	2	3	4	5
CCM Planetarium Field Trip (<i>Kindergarten ONLY</i>)	1	2	3	4	5

6. Please rate the following items as they relate to school procedures/communications

Office Memos and Flyers	1	2	3	4	5
Re-enrollment	1	2	3	4	5
Communication with Administrations	1	2	3	4	5
From the Director's Desk	1	2	3	4	5
Mid-Year Student Progress Report	1	2	3	4	5
Parent/Teacher Conferences	1	2	3	4	5
Parent Orientation	1	2	3	4	5
Monthly Calendar	1	2	3	4	5
Website	1	2	3	4	5

7. Are our hours of operation convenient for you? Yes No
 If no, please explain: _____
8. Would you recommend our school to a friend or family member? Yes No
9. Do you think the program that your child is enrolled in has prepared him/her for the next school year? Yes No N/A
- 10 Do you plan for your child to attend through Kindergarten Yes No N/A
11. If your child was in Kindergarten, was the packet you received in Jan. in regards to transitioning to a new school helpful?
12. We would like Deer Path to continue to grow with regards to environmentally friendly practices. What do you suggest?
13. If your child used one of our all day programs (SS and/or MA) including the extended hours, please comment on your experience.
14. Please provide us with comments about the written student report and conference format that we used this year.
15. Please indicate the specific newspapers, radio stations and other media sources your family uses on a regular basis?
16. Would you like to see the book fairs return? Would you like to continue with monthly Scholastic sales?
16. Please make any additional comments here or on a separate sheet of paper.

All questions, including personal information below are optional.

Name _____

Child's Name _____ Child's Age _____ Teacher's Name _____

Child's Name _____ Child's Age _____ Teacher's Name _____

Child's Name _____ Child's Age _____ Teacher's Name _____

Household Income Range (circle one) <30,000 30,000-75,000 75,000 -100,000

100,000-125,000 125,000-150,000 >150,000

Distance from home to school: _____ miles Distance from school to workplace _____ miles

Number of children in household _____ Ages _____

We appreciate the time you have taken to help us improve! Thank You!