



2009 – 2010 School Year Evaluation

Parents' name _____

Home Phone _____

Work phone _____

Child's name _____ Child's Age _____

Child's class _____

Parent's E-mail _____

Please rate the following (5 as most satisfactory, 1 as least satisfactory)

I. School Experience

- _____ Child's academic growth
- _____ Child's social growth
- _____ School curriculum
- _____ Staff responsiveness to concerns
- _____ Communication from classroom
- _____ Overall satisfaction with staff

Comments:

II. Special Programs

- _____ Jewish programming (values, holidays, Israel)
- _____ Physical education
- _____ Swimming
- _____ Music
- _____ Library
- _____ Imaginarium/Playground
- _____ Field Trips
- _____ Extended Days (for half-day children only)

Comments: _____

III. Please rate your child's overall school experience

Will your child be returning to the Katz JCC for the 2010 –2011 school year?

_____ yes _____ no

Additional comments:

We encourage you to be involved in our Early Childhood Parents' Committee. Please sign below and we will let you know the details.

Name _____

Phone _____