

Staff Satisfaction Survey

Name	e of Center:							
Owne	er:							
Date:								
indica return	very Point believes that tors of a quality program it to the owner of your o classroom, or other pe	n. We urge you to center. This is an	take time to anonymous	oday to comple s survey. Please	te this survey and			
	e respond to each of the pinion. There is space f	•	•	•	•			
1.	The owner/director of t	this center mainta	ains good, o	pen communic	ations with the staff.			
	most of the tir	ne some of	the time	rarely	not at all			
2.	2. I am offered opportunities for additional training.							
	most of the tir	me some of	the time	rarely	not at all			
3.	3. My responsibilities and authority are clearly defined.							
	most of the tir	me some of	the time	rarely	not at all			
4.	4. I am comfortable with the professionalism of my co-workers.							
	most of the tir	ne some of	the time	rarely	not at all			
5.	5. I have access to the materials I need to fulfill my lesson plans.							
	most of the tir	me some of	the time	rarely	not at all			
6. I am comfortable with the size of my class and my ability to manage it effecti								
	most of the tir	me some of	the time	rarely	not at all			

7.	basis.							
	most of the time	some of the time	rarely	not at all				
8.	The staff here works together as a team.							
	most of the time	some of the time	rarely	not at all				
9.	This center has a genuine commitment to quality care.							
	most of the time	some of the time	rarely	not at all				
10.	My efforts are appreciated	by the parents.						
	most of the time	some of the time	rarely	not at all				
	Please list any additional comments you feel are appropriate here:							
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