

STEP 2009-10 EVALUATION

Please circle your response:

1. I know what happens last Friday of the month. YES NO
2. I use the FACTS system for payment. YES NO
3. STEP Hot Lunches should be more often. YES NO
4. STEP snacks are enjoyed by my child/ren. YES NO
5. I am comfortable with supervision & discipline. YES NO
6. Frequent communication between staff & parents YES NO
7. Enrichment Activities are important to my child. YES NO
8. STEP hours (6:45am-6: 15pm) meet my needs. YES NO
9. Church Hall is a comfortable atmosphere for STEP. YES NO
10. Most importantly, my child is happy & safe at STEP. YES NO

Comments and/or suggestions are always appreciated.

Print Name: _____

Parent Signature: _____

Return By June 8th For The Jelly Bean Drawing!!