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# A Letter to Parents about Separation

Dear Parents,

Leaving your children in the care of other adults can be difficult. Most children adjust quickly, and although they may be upset when you drop them off, they quickly settle down and enjoy the activities in our school and the company of other children their age.

As parents, we often have a more difficult time letting go than our children. Your child takes his or her cues about “Is it okay for Mommy to leave me?” from you. If you are upset about leaving your child, your child is likely to be upset too. Please help make your child’s separation more successful by

- Being positive about the program
- Saying good-bye and leaving quickly or helping your child settle down; we will help you determine what works best for you and your child
- Never sneaking out
- Telling your child when you will be back
- Sometimes letting your child cry; crying is a normal reaction, and young children typically express themselves through crying; for infants and toddlers, it’s how they express themselves or “talk”

If your child is extremely upset, we will call you. Don’t worry—we promise to take good care of your child.

Sincerely,

Your Child’s School

# Daily Experience Sheet

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Parent Information

Where can we reach you today? Please list place and telephone number.

How did your child sleep last night? \_\_\_\_\_

What time did your child wake up? \_\_\_\_\_

What kind of mood is your child experiencing? \_\_\_\_\_

What time will your child be picked up? \_\_\_\_\_

By whom? \_\_\_\_\_

Did your child have any medication today? \_\_\_\_\_

If, yes, what and when? \_\_\_\_\_

Does your child have any injuries or symptoms of illness? \_\_\_\_\_

Are there any circumstances at home we should be aware of? \_\_\_\_\_

Do you have any special instructions or information? \_\_\_\_\_

## Teacher Information

Your child ate: \_\_\_\_\_

Your child napped: \_\_\_\_\_

If medication was given, list name, time, and dosage.

Today your child: \_\_\_\_\_

Please bring in: \_\_\_\_\_

Just a reminder that: \_\_\_\_\_

Dear Families,

We love it when your children attend our program. Many of us are parents ourselves, so we know how difficult it can be when your child is sick. For the protection of the entire group and to reduce the amount of illnesses children pass to one another, we ask that you keep your children home if you notice the following:

- Elevated temperature
- Severe runny nose
- Severe cough
- Mucus that is not clear
- Diarrhea
- Vomiting
- Contagious stage of any disease, like chicken pox or pinkeye
- Behavior indicating pain
- Uncontrollable crying

Thank you for your cooperation,  
Your Child's School

## Two-Minute School Survey for Parents

**Name (Optional):** \_\_\_\_\_

***One thing I love about my child's experience in school is***

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***One thing that the school might want to do or change is***

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## Two-Minute School Survey for Parents

**Name (Optional):** \_\_\_\_\_

***One thing I love about my child's experience in school is***

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***One thing that the school might want to do or change is***

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# Tell Us What You Think Survey

**Tell us what you're thinking about your child's and your experience in our school:**

**I like . . .**

*I don't like . . .*

I wish . . .

For the next time . . .

It would be great if . . .

**Did you ever consider . . .**

**If I were involved, I would . . .**

*I want you to know . . .*

*I had a question about . . .*

# Annual School Survey

Date: \_\_\_\_\_ Parent's Name (optional): \_\_\_\_\_

Child's Name (optional): \_\_\_\_\_ Age of Child: \_\_\_\_\_

**Please circle the number you feel corresponds to each statement.**

5 = Strongly Agree, 4 = Agree, 3 = Somewhat Agree, 2 = Disagree, 1 = Strongly Disagree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>1</b> The atmosphere of the school is warm and friendly.   | 5 | 4 | 3 | 2 | 1 |
| <b>2</b> I feel welcome and comfortable in the program.   | 5 | 4 | 3 | 2 | 1 |
| <b>3</b> The teachers and staff greet my child and me by name.  | 5 | 4 | 3 | 2 | 1 |
| <b>4</b> My child looks forward to coming to the program.   | 5 | 4 | 3 | 2 | 1 |
| <b>5</b> I know my child is safe.   | 5 | 4 | 3 | 2 | 1 |
| <b>6</b> The teachers and staff know my child.  | 5 | 4 | 3 | 2 | 1 |
| <b>7</b> My child is learning to interact with other children.  | 5 | 4 | 3 | 2 | 1 |
| <b>8</b> My child learns.   | 5 | 4 | 3 | 2 | 1 |
| <b>9</b> I feel informed about how my child is doing in school.   | 5 | 4 | 3 | 2 | 1 |
| <b>10</b> I know about program activities and events.   | 5 | 4 | 3 | 2 | 1 |
| <b>11</b> I feel comfortable bringing my concerns to the teachers and staff.                              | 5 | 4 | 3 | 2 | 1 |
| <b>12</b> The teachers and staff address my concerns promptly, even if they cannot accommodate my wishes. | 5 | 4 | 3 | 2 | 1 |
| <b>13</b> I have confidence and trust in the school's leadership.   | 5 | 4 | 3 | 2 | 1 |
| <b>14</b> The environment is clean and organized.   | 5 | 4 | 3 | 2 | 1 |
| <b>15</b> There are adequate supplies and materials in good condition.                                    | 5 | 4 | 3 | 2 | 1 |