

VISITOR SURVEY

Little Cypress Elementary School

We recognize and appreciate the importance of teamwork between our students, their families, and the school staff. To help us better serve you, please provide feedback regarding your experiences with this campus on the survey below. Thank you!

Date: _____

	(Check one)		
Are you routinely greeted in a friendly, courteous way when you contact the school either on the phone or in person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Are your questions answered in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Do you feel satisfied with the outcome or service provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Do you feel valued, respected and welcome?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Does the teacher return your phone call within 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Does the principal return your phone call within 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Does the school encourage you to contact or visit your child's teacher when you have concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know
Does the school provide written or electronic information to parents about the school's rules, activities, parent-teacher conferences and other important items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do Not Know

What are our strengths?

Do you have suggestions for ways that we can improve?

Additional comments:

(Check One)

I am a parent grandparent volunteer other (please list) _____

Name and phone number optional _____