**Hythe Bay Nursery Child Questionnaire**

**Name: Age: Date:**

1. Do you like coming to nursery?
2. Are there fun things to do at nursery?

1. Who is your key person (teacher / adult)?

1. What is your favourite thing to do at nursery?
2. Is there anything you wish you could do at nursery?
3. Is there anything else you’d like to tell us?

 Thank you for completing our child questionnaire!

**Hythe Bay Nursery Parent Questionnaire**

 **Child’s Name:**  **Parent name:**

**Child’s room:** **Date:**

*Parent, child and staff feedback is very important to us to continuously reflect on and improve our practice and provisions. Please complete this questionnaire and add any additional comments you might have including our strengths and suggestions for improvement. Thank you!*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How would you rate each of these factors?** | **Excellent** | **Good** | **Neutral** | **Poor** | **Unsure** | **Comments** |
| Starting nursery and our settling in procedure |  |  |  |  |  |  |
| Our key person approach  |  |  |  |  |  |  |
| The nursery environment |  |  |  |  |  |  |
| The nursery staff team |  |  |  |  |  |  |
| The nursery activities  |  |  |  |  |  |  |
| The nursery routine  |  |  |  |  |  |  |
| Teaching and learning |  |  |  |  |  |  |
| Communication about your child’s development |  |  |  |  |  |  |
| Generic communication including newsletters, emails, website, online |  |  |  |  |  |  |
| Overall experience |  |  |  |  |  |  |

What do you like best about our nursery?

How could we do better?

Would you recommend our nursery to family and friends?

Thank you for completing the parents’ questionnaire.