

Child Questionnaire

Name:

Age:

Date:

1. Do you like coming to nursery?



2. Are there fun things to do at nursery?



3. Do you have friends at nursery?



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

5. What is your favourite thing to do at nursery?

6. What toys / activities would you like at nursery?

7. Is there anything else you'd like to tell us?

Thank you for completing our child questionnaire!

Parent Questionnaire

Child's Name:

Child's room: Sea (Preschool) / Safari (Term-time-only) / Farm (Toddlers) / Garden (Babies)

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. Thank you!

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	Comments
My child is happy to come to nursery							
My child enjoys his/her time at nursery							
The nursery environment is welcoming							
The nursery staff are friendly and helpful							
The nursery activities suit my child's interests							
The nursery routine suits my child's needs							
Our key person knows my child well							
Our key person communicates with me about my child's development							
I am happy with the teaching and learning my child receives							
I know how to stay updated with nursery information							
I feel the service meets my family's needs							
I would recommend this nursery to my family and friends							
Any additional Comments							
Parent Name:			Parent Signature:			Date:	