



Family Orientation Evaluation Form

Please complete this short evaluation form to provide us with feedback on your orientation process and introduction to our service.

We will use this information to assist us to improve our processes where applicable.

| FAMILY NAME: | Please Comment |
|--|----------------|
| Was the information pack you received informative and helpful? | |
| Were you provided with the opportunity to ask questions about the service? | |
| Did educators at the service welcome you and your child during orientation and on your first days? | |
| Did educators relay information about your child's day to you each time they attended care? | |
| Did you and your family feel supported and were your needs met during this orientation process? | |
| What suggestions would you make to improve the overall orientation process? | |
| Additional Comments | |

Parent/Guardian Signature: _____ Date: _____

Nominated Supervisor's Signature: _____ Date: _____