

KINDERGARTEN PARENT SURVEY 2008

Please fill in the circles like this ● or ~~X~~ NOT ~~X~~
Please use blue or black pen.

If you make a mistake please cross it out ~~○~~ and fill in the correct answer ●

SECTION A: YOUR CHILD

When you are asked about "your child", please answer the question based on your child who is currently enrolled in senior kindergarten.

1. What is your child's gender? Male Female

2. When was your child born? MM (month) DD (day) YY (year)

3. In general, would you say your child's health is: Excellent Very Good Good Fair Poor

4. Does your child have special needs at school? (for example: speech and language, physical, behavioural, developmental needs, etc.) *Select one answer.*
 No
 I don't know
 Yes, and an Individual Education Plan (IEP) has been started
 Yes, and the school knows but an IEP has not been started
 Yes, but the needs are not recognized by the school

5. Does your child have any long-term health-problems that would need services beyond those needed by most children? Long-term is defined as having been diagnosed by a professional and having lasted 6 months or more. (e.g., physician, psychologist, speech therapist, behavioural specialist).
 No
 I don't know
 Yes (please tell us what they are) _____

6. Indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
My expectations regarding school services and support have been met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the availability of services offered by the school for my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The change of services from pre-school to kindergarten was completed to my satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION B: CHILD CARE

- Below we are asking you about the main type of child care you used when you or your partner were not available to care for your child.
- Do not include babysitting services you used occasionally.
- If your child was not in regular child care at any time, please fill in the answer that says 'none'.

1. For EACH age period, what was your MAIN type of care? Please give one answer for each age.

Age of Child	None - Parent Care Only	Licensed Care in a Centre	Licensed Care in Someone's Home	Paid, Unlicensed Care (e.g., Friend, Neighbour)	Unpaid Care (e.g., Relative)
infant (less than 1 year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
infant (1 year to 1.5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toddler (1.5 years to 2.5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
preschool (2.5 to 4 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kindergarten (current arrangement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. On average, how many hours per week in total did your child spend in your MAIN child care?

Age of Child	Usually None - Parent(s) Main Caregiver(s)	Less than 20 Hours/Week	21-40 Hours/Week	More than 40 Hours/Week
infant (less than 1 year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
infant (1 year to 1.5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toddler (1.5 years to 2.5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
preschool (2.5 to 4 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kindergarten (current arrangement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How important is each factor to you in choosing a child care arrangement for your child?

Factor	Not Important	Somewhat Important	Very Important	Not Applicable
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centre/Caregiver Reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Program/Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Fee Subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing Other Families There	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends/Family Recommended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION B: CHILD CARE *Continued*

4. Have you had any difficulty making child care arrangements for those times when your child is not in school?

- Yes No

5. What have been the greatest barriers you have experienced when looking for a child care arrangement?
Please mark all that apply.

- | | |
|---|---|
| <input type="radio"/> Lack of information about child care | <input type="radio"/> Care is too expensive |
| <input type="radio"/> Concern about the quality of care | <input type="radio"/> No Spaces available |
| <input type="radio"/> No special needs services | <input type="radio"/> Hours don't meet my/our needs |
| <input type="radio"/> Care is not always reliable | <input type="radio"/> Transportation is a problem |
| <input type="radio"/> Building is not accessible (for strollers/wheelchairs, etc.) | |
| <input type="radio"/> Hard to find care when child is not in school - unplanned (i.e. illness, emergency) | |
| <input type="radio"/> Hard to find care when child is not in school - planned (i.e. after school, summer vacation, PD days) | |
| <input type="radio"/> Other (<i>please tell us</i>) _____ | |

6. Does your workplace or the workplace of your partner offer alternative work arrangements to accommodate child care needs (e.g. flex-time, job sharing, compressed work week, work at home, flexible start/end times)

- Yes No don't know

7. Did you or your partner take a parental leave?

- Yes, Mother
 Yes, Father
 Yes, Both parents shared
 None

8. How long was the combined length of parental leave?

- Less than 1 year
 About 1 year
 More than 1 year



SECTION C: YOUR CHILD'S EXPERIENCES BEFORE KINDERGARTEN

1. In the year before entering kindergarten, outside of school hours how often did your child attend:

Activity	A few times a week	About once a week	Rarely or never
Play-based Children's Programs (e.g., drop-ins, Ontario Early Years Centre programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literacy / Family Reading Programs (e.g., library story time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English as a Second Language Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organized Team Sports (e.g. hockey, soccer, t-ball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity & Recreation Programs (e.g. swimming, gymnastics, family skating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Club (e.g. Beavers, Boys and Girls Club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts Programs (e.g. music lessons, dance lessons, arts and crafts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-related programs for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural/Language/Ethnic programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In the years before your child started Senior Kindergarten, did your child get help from any of the following services?

Service	No	Yes	Child is on waiting list
Speech and Language Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blind or Low Vision Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational or Physical Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs / Services for Behavioural Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs / Services for Developmental Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Readiness Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In the year before your child started Senior Kindergarten, were you not able to use services to help your child because of any of the following reasons? *Please fill in all the answers that apply to you.*

- | | |
|---|---|
| <input type="radio"/> Not applicable
<input type="radio"/> Waiting list is too long
<input type="radio"/> Cost was too much
<input type="radio"/> No services near where I live
<input type="radio"/> Times did not work for me
<input type="radio"/> No way to get there (no car, no buses, cost) | <input type="radio"/> Services were not available in my language
<input type="radio"/> Didn't know services were available
<input type="radio"/> Didn't have information about services
<input type="radio"/> Other (please tell us) |
|---|---|



4. When you are looking for information about services for your family, where do you look?
Please fill in all the answers that apply to you.

- | | |
|--|--|
| <input type="radio"/> Ontario Early Years Centre | <input type="radio"/> Doctor/Health care provider |
| <input type="radio"/> Library | <input type="radio"/> Family, friends, neighbours |
| <input type="radio"/> Internet | <input type="radio"/> Child care |
| <input type="radio"/> Recreation Centre | <input type="radio"/> Books/magazines |
| <input type="radio"/> School | <input type="radio"/> Faith-based organizations |
| <input type="radio"/> Local newspaper | <input type="radio"/> Phone book |
| | <input type="radio"/> Cultural/Language/Ethnic organizations |

SECTION D: KINDERGARTEN EXPERIENCES

1. Did your child attend a Junior Kindergarten program? Yes No
2. When your child first started school, how important were the following?

	Not Important	Important	Very Important	Not Applicable
Parent Orientation Meeting (Spring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's Small Group Entry Visit (September)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent interview/observation days to share information with teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information Session/meetings for Children with Identified Special Needs (Spring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. We would like to know more about your family's experience with the Senior Kindergarten program at your school.

	Strongly Agree	Agree	Disagree	Strongly Disagree
My child enjoys going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my child is able to manage the school day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable talking to my child's teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There were opportunities for me to participate at the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in my ability to help my child learn at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How does your child get to school most often? Please fill in one answer.

- Walks/bikes with parent or guardian
 - Takes a school bus/taxi
 - Walks/bikes with another adult, sibling or friend
 - Rides with or takes transit with parent
 - Rides with or takes transit with other adult
 - Takes special transit (e.g. DARTS)
 - Other (please tell us)
-



5. Since September 2007, have you or someone close to your child done any of the following?

	Yes, many times	Yes, once or twice	No
Attended a parent-teacher conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a general school meeting (e.g., open house, school council meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteered in the classroom or school (e.g., class trip, helped with fundraiser, helped in library)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a school or class event? (e.g. school concert/play, holiday presentation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What makes it hard for you to be involved in school activities? *Please fill in all the answers that apply to you.*

- | | |
|--|---|
| <input type="radio"/> Times don't work for me/conflict with work | <input type="radio"/> Health issue or disability |
| <input type="radio"/> Don't have a way to get there | <input type="radio"/> Don't know other parents in the school |
| <input type="radio"/> Hard to get child care for my other children | <input type="radio"/> Don't know teacher or school staff well |
| <input type="radio"/> Don't know about the activities | <input type="radio"/> Other (please tell us) |
| <input type="radio"/> Activities not available in my language | |

SECTION E: YOU AND YOUR FAMILY

1. In the PAST 7 DAYS, have you or someone close to your child done the following activities with your child after school or on weekends?

	Yes, many times	Yes, once or twice	No
Told or read him/her a story	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taught him/her letters, words, or numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taught him/her songs or music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked on arts or crafts with him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taken him/her along while doing errands like going to the post office, the bank or grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involved him/her in household chores like cooking, cleaning, setting the table, or caring for pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your child played with other children (other than siblings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2. In the PAST 7 DAYS, how many hours in total did your child spend doing the following activities?

Activity	0 Hours	1-5 Hours	6-10 Hours	More than 10 Hours
Played outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watched television/movie by him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watched television/movie together with an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watched television/movie with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played video games (e.g. Playstation, Nintendo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In general, would you say your health is:

Excellent Good Fair Poor

4. Does your family have a regular family doctor?

Yes If, YES How long have you been with your family doctor?

months years

No If, NO How long have you been without a family doctor?

months years

5. Does anyone in your household smoke? Yes No

SECTION F: YOUR NEIGHBOURHOOD

1. How long have you lived in your current neighbourhood?

less than one year 1-4 years 5-10 years more than 10 years

2. In the last five years, how often has your child moved to a different home?

never 1 time 2-4 times more than 5 times



3. Please tell us about your neighbourhood.

It is safe to walk alone in my neighbourhood after dark.

True Sometimes True Not True

It is safe for children to play outside during the day in my neighbourhood.

There are safe parks, playgrounds and play spaces in my neighbourhood.

If there is a problem around here, the neighbours get together and deal with it.

There are adults in my neighbourhood that children can look up to.

People around here are willing to help their neighbours.

You can count on adults in my neighbourhood to watch out that children are safe and don't get in trouble.

When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble.

SECTION 6: BACKGROUND INFORMATION

To help us understand the families who are participating in this study, we would like to ask a few questions about yourself, your family and your household.

1. Are you the child's: Mother Father Other (please tell us)

2. What language do you speak most often at home?

English French Other (please specify)

3. What language does your child speak most often at home?

English French Other (please specify)

4. What is your total household income before taxes (including support payments)?

	Less than \$17,000	\$17,000 to \$30,000	\$30,001 to \$50,000	\$50,001 to \$75,000	\$75,001 to \$100,000	Greater than \$100,000
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What is your highest level of education? (mark only one)

Did not finish High School	Finished High School	College diploma or Trades Certificate	University Undergraduate Degree	University Graduate Degree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. What is your current marital status?

Single	Married	Common-Law	Separated	Divorced	Widowed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How many people live in your household on a regular basis (overnight stays at least once a week)

Number of Children Number of Adults

