

Dear Parent/Guardian:

We would like to participate in the planning of our Title I and Title IV programs, and our Parent Involvement Policy and Parent Engagement Activities. We would also like to know any other areas where we could improve to better meet the needs of your child.

Please take a few minutes to complete this survey. Your opinions and needs are important to us and this survey will allow us to capture the necessary data to make improvements.

School Activities

1. Does your school encourage you to be involved in your child's education?
Yes No
2. Do you feel welcome in your child's school?
Yes No
3. Check any of the following school activities that you attended or participated in this year?
 - a. Title I Annual Meeting
Yes No
 - b. Title I Program Planning and Evaluation
Yes No
 - c. The development of the parent involvement policy
Yes No
 - d. The development of the school-parent compact
Yes No
 - e. Parent advisory committees/council
Yes No
 - f. Parent-teacher conferences
Yes No
 - g. Explanation of state standards and school curriculum
Yes No
 - h. Explanation of state tests
Yes No
 - i. How to help your child with reading/math at home
Yes No
 - j. Family reading/math nights
Yes No
 - k. Observing/volunteering in your child's classroom or at the school
Yes No
4. Do you know about volunteer work you can do at school?
Yes No
5. Do you know you can join school planning and review committees?
Yes No

Instruction

1. Do you know how additional help with reading and/or mathematics is given to students in the Title I program?
Yes No
2. Do you know how students are selected for the Title I program?
Yes No
3. Do you know what your child should know and be able to do in reading and/or mathematics for the grade he/she is in?
Yes No
4. Do you understand your child's report cards and test scores?
Yes No
5. Is your child doing better in school because of the Title I program?
Yes No
6. Does the Title I school-parent compact help to remind you about things you can do to help your child doing better in school?
Yes No

Communication

1. What is the best way for the school to share information about your child and school activities? Check the best way:
Email Written Notice Home Visit Home Phone Cell Phone
School Website
2. Can you reach your child's classroom teacher and Title I teacher to discuss your child?
Yes No
3. Do you feel that teachers in the school are interested and cooperative when you discuss your child's academic progress and/or other concerns?
Yes No
4. Check any of the following items that would help you to attend Title I Parent Activities:
 - a. Evening meetings Suggested time: _____
 - b. Transportation Provided
 - c. Child care provided
 - d. Calendar of events sent home regularly
 - e. Reminders about activities sent home prior to an event
 - f. A different location other than the schoolSuggested location: _____

Parent Training and Materials

1. Did you attend a meeting where the Title I teacher explained the materials to use with your child at home?
Yes No
2. Does your school encourage you to work with your child at home?
Yes No
3. Would you like other ideas to help your child at home?
Yes No

School and Community Services

1. Do you know about the school's extra services (for example, counseling, speech therapy)?
Yes No
2. Do you know about the school's referral program to community services outside of school? (examples may be adult literacy, health services, career development, parenting skills)
Yes No

Title IV Student Support and Academic Enrichment

1. Does your school offer a well-rounded educational program including classes/programs involving Arts, Music, Science, Technology?
Yes No
2. Does your school provide a safe learning environment for students?
Yes No
3. Do you believe bullying is an issue at the school?
Yes No
4. Do students have access to technology?
Yes No
5. Does the school offer training/instruction in digital literacy? (Instruction on how to use computers, access information from the internet, use computers for writing, understand basic computer language)
Yes No
6. Do you believe alcohol or drug use is an issue for students at the school?
Yes No
7. Does your child know how to seek assistance at the school for issues/feelings of depression, suicide, bullying and/or harassment?
Yes No
8. What area would you like the school to offer more experiences:
 - a. Music
 - b. Art
 - c. Careers
 - d. Technology
 - e. Athletics
 - f. Physical health

Comments/Concerns

1. Do you have any comments or concerns that have not been expressed in this survey?
Yes No
2. Please check the grade level(s) of your student(s):

K <input type="checkbox"/>	4 <input type="checkbox"/>	8 <input type="checkbox"/>	12 <input type="checkbox"/>
1 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	
2 <input type="checkbox"/>	6 <input type="checkbox"/>	10 <input type="checkbox"/>	
3 <input type="checkbox"/>	7 <input type="checkbox"/>	11 <input type="checkbox"/>	
3. Please indicate if you plan on having your child return to our school next year?
Yes No

If the answer is No, please state why your student will not be returning:

Thank you for completing this survey! Please return it to: