



High School Title I Parent Involvement Survey Template

This template is one of four different surveys developed by the 2013 State Superintendent's Parent Advisory Council with assistance from the Georgia Department of Education's (GaDOE) Parent Engagement Program. Local educational agencies (LEAs) and schools may use this template to guide them in meeting the compliance requirements of Section 1118(a)(2)(E). Each sample survey provided by the GaDOE may contain questions that are more or less suitable to address the needs of different LEAs and/or schools; therefore, it is highly encouraged that LEAs and schools review all surveys and select the best questions to guide the development of a survey that is suited to individual objectives and needs.

At (school name), we believe that families are valuable members of the school community and your opinions and suggestions regarding the education of your child are important to the success of our school. Please take a moment to answer the following questions to help us plan and address areas of improvement for the next school year. All surveys may be returned to (faculty/staff member) in the (location), mailed to (school name and address), or completed online at (website).

1. What is the best way for us to get important information to you?
 - a) Phone call
 - b) Email
 - c) Text message
 - d) Mail
 - e) Website
 - f) Letters/flyers sent home with student
 - g) Social media
2. Please circle the grade level(s) of your child(ren)
 - a) 9
 - b) 10
 - c) 11
 - d) 12
3. Which of the following parent activities would you be interested in participating in or attending? (Choose all that apply)

<input type="checkbox"/> Community service projects with staff/students	<input type="checkbox"/> Parent advisory council
<input type="checkbox"/> Family Fun learning nights	<input type="checkbox"/> Online classes/presentations
<input type="checkbox"/> Educational parent workshops/classes	<input type="checkbox"/> Mentoring a student
<input type="checkbox"/> Volunteer opportunities	<input type="checkbox"/> Classroom assistance
<input type="checkbox"/> Open House	<input type="checkbox"/> Lunch n Learn Lessons
4. How welcome do you feel at your child's school?
 - a) Not at all
 - b) A little bit
 - c) Quite a bit
 - d) A tremendous amount
5. To what extent do you know how your child is doing academically at school?
 - a) Not at all
 - b) A little bit
 - c) Quite a bit
 - d) A tremendous amount
6. How often do you participate in decisions regarding your child's high school course selection?
 - a) Never
 - b) Once in a while
 - c) Frequently
 - d) Almost all the time



7. How often do you work with your child on classwork assignments?
- a) Never
 - b) Once in a while
 - c) Sometimes
 - d) Frequently
 - e) Almost all the time
8. Would you be interested in receiving more information from the school regarding ways parents can help their children academically?
- Yes (please provide name and email address/phone number): _____
- No
9. Do you feel informed to make decisions about your child's schooling?
- Yes
- No

10. Please indicate your level of understanding of the following (1 = none, 2 = heard of it, 3 = pretty good, 4 = excellent)

	1-4	Would you like to receive more information? (Y/N)	Best way to receive information? email, mail, meeting, or other
Georgia High School Graduation Tests			
End of Course Tests			
Graduation/Promotion requirements			
Dual Enrollment/Advanced Placement			
College and career information			

11. How well do you know the curriculum that is being used at your child's school?
- a) Not well at all
 - b) Minimally well
 - c) Quite well
 - d) Extremely well
12. How well do you know what courses your child is expected to take each year?
- a) Not well at all
 - b) Minimally well
 - c) Quite well
 - d) Extremely well
13. In the past year, how often did you participate in a parental involvement activity, event, or program at your child's school?
- a) Never
 - b) Once or twice
 - c) Every few months
 - d) Monthly
 - e) Weekly or more
14. How often do you communicate with your child's teachers?
- a) Never
 - b) Once or twice a school year
 - c) Every few months



- d) Monthly
- e) Weekly or more

15. In the past year, how often did you visit your child's school?

- a) Never
- b) Once or twice
- c) Every few months
- d) Monthly
- e) Weekly or more

16. Please rank the following from 1 (Not Well) to 4 (Extremely Well) according to how well your child's school supports each area:

- | | |
|---|-----------------------------------|
| — Creating a friendly school climate | — Involving parents |
| — Establishing home-school communications | — Building community partnerships |

17. Overall, how much do you feel your child's school values parent input?

- a) Not at all
- b) A little bit
- c) Quite a bit
- d) A tremendous amount

18. What is the best way for you to provide input regarding your child's school?

- | | |
|---------------------------------------|-----------------|
| a) Attend meetings | e) Focus groups |
| b) Complete a survey online | f) Other: |
| c) Complete and return a paper survey | _____ |
| d) Phone calls | |

19. How well do you know your rights as a parent as it relates to your child's school and education?

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

20. How would you like to see parent involvement funds used?

- a) Provide academic materials for parents
- b) Fund a Parent Resource Center
- c) Provide transportation assistance for parents to attend Title I events at the school
- d) Fund technology resources at the school to support parent involvement
- e) Other (please provide suggestions): _____

21. Which of the following prevent you from being able to participate in school functions, activities and planning events?

- | | |
|--------------------|-----------------------------|
| a) Transportation | e) Time of events |
| b) Child care | f) Other (please indicate): |
| c) Communication | _____ |
| d) Family schedule | |

22. How much information does your child's school provide about parent involvement opportunities?

- a) None
- b) A little bit
- c) Quite a bit
- d) A tremendous amount



23. Regarding which of the following topics would you like to receive more information? (Choose all that apply)

- | | |
|--|---|
| <input type="checkbox"/> School policies and procedures | <input type="checkbox"/> Helping your child succeed in school |
| <input type="checkbox"/> Common Core Georgia Performance Standards | <input type="checkbox"/> Using technology in education |
| <input type="checkbox"/> Understanding high school curriculum | <input type="checkbox"/> Other (please indicate): _____ |

24. How well do you feel your child's school provides you with information to support your child's learning outside of school?

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

25. When is the best time for you to attend a school event for parents?

- | | |
|--------------------------------------|---|
| a) Before school (M-F) | e) Evenings (M-F) |
| b) During school, before lunch (M-F) | f) Saturday |
| c) During school, after lunch (M-F) | g) Preferred day/time (please indicate):
_____ |
| d) Immediately after school (M-F) | |

26. What is the primary language spoken in your home? _____

27. How well do you feel the school's parent involvement policy and plan provides opportunities for effective involvement of parents to support student academic achievement?

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

28. What ways can parent involvement be strengthened at your child's school?

29. What can we do to support you to ensure your child graduates and receives a high school diploma?

30. Please indicate any skills, knowledge, work or education experience that you could share with the parents, staff or students of your child's school.

31. How can the school improve on actively involving parents and the community in the activities of our school?

Please provide your contact information if you would like for the school to follow up with you about any feedback provided or ways to get you more involved in the school as indicated on the survey.

Contact Information (OPTIONAL)

Parent/Guardian Name: _____ Email address: _____

Phone number: _____ Address: _____

Child's name: _____

Thank you for taking the time to complete this very important survey. Your feedback is greatly valued and sincerely appreciated.