



## School District Title I Parent 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.***

As we continuously seek to improve the \_\_\_\_\_ School District, we want to know how you, as a parent or guardian, feels the schools and the district are doing to meet your needs. The information that you provide will help us evaluate and improve how our schools, families and parents work together to help all students achieve academically. All information provided is confidential and will be used to assist us with future planning for parental involvement activities and events in the district and schools. Your opinions and suggestions are very valuable, and we thank you for your time to complete this survey.

All surveys may be returned to *(faculty/staff member)* in the *(location)*, mailed to *(school name and address)*, or completed online at *(website)*. If you have children who attend different schools in the \_\_\_\_\_ School District, we ask that you complete separate surveys for each school that your children attend.

1. What school does your child attend? \_\_\_\_\_ *(LEAs may provide option of listing all schools in the district)*
2. In what grade is your child enrolled? \_\_\_\_\_ *(LEAs may provide option of listing all the grades available for school level selected)*
3. What is your relationship to your child? \_\_\_\_\_ *(LEAs may provide option of listing various parent/caregiver roles)*
4. How well does your child's school create an environment that helps your child learn?  
 Not well       Minimally well       Fairly well       Quite well       Extremely well
5. How well do you feel your child's school prepares him/her for the next academic year?  
 Not well       Minimally well       Fairly well       Quite well       Extremely well
6. How often do you communicate with teachers at your child's school?  
 Never       Once or twice a year       Once a month       Weekly or more
7. How confident do you feel in making sure your child's school meets the learning needs of your child?  
 Not confident at all       Slightly confident       Rather confident       Very confident
8. Do you feel informed when it comes to making decisions about your child's schooling?  
 Yes       No

If not, please explain: \_\_\_\_\_

9. Are you satisfied with the services provided by the school to help you support your child academically?

Yes       No

If not, please explain: \_\_\_\_\_



10. How often does your child's school give you the opportunity to be involved in your child's learning?

- Not at all       A little bit       Some       Quite a bit       A tremendous amount

11. How satisfied are you with the way your child's school works with parents.

- Very dissatisfied       Dissatisfied       Satisfied       Very satisfied

12. Have you been given the opportunity to participate in the planning and implementation of the parental involvement program at your child's school?

- \_\_\_ Yes      \_\_\_ No

13. Would you like to participate in the planning and implementation of the parental involvement program at your child's school?

- \_\_\_ Yes      \_\_\_ No

14. Did you participate in any of the following decision making opportunities requiring parent input and partnership?

- |  |   |
|--|---|
| ___ School Title I program planning and evaluation   | ___ Development of school parental involvement plan   |
| ___ District Title I program planning and evaluation | ___ Development of district parental involvement plan |
| ___ Development of school-parent compact             | ___ Development of flexible learning program          |
| ___ School parent advisory council/committees        | ___ Parent-Teacher conferences                        |
| ___ District parent advisory council/committees      |   |

15. How often does your child's school consider parent suggestions when decisions are made about the school?

- Never       Sometimes       Most of the time       Always

16. How satisfied are you with the way you are included in the decisions made about your child's school.

- Very dissatisfied       Dissatisfied       Satisfied       Very satisfied

17. In the past year, how often have you communicated with the school about how they can help your child learn?

- Never       Once or twice       Every few months       Weekly or more

18. In the past year, how often have you communicated with the school about ways that you can help your child's learning at home?

- Never       Once or twice       Every few months       Weekly or more

19. In the past year, how often did you participate in a parental involvement activity, event, or program held by your child's school?

- Never       Once or twice       Every few months       Weekly or more

20. In the past year, how often did you participate in a parental involvement activity, event, or program held by the school district?

- Never       Once or twice       Every few months       Weekly or more

21. Do you have internet access?

- \_\_\_ Yes      \_\_\_ No

22. How often do you visit your child's school website?

- Never       Once or twice a year       Every few months       Weekly or more

23. How often do you visit the school district website?

- Never       Once or twice a year       Every few months       Weekly or more



24. Please indicate how effective each source(s) is in ensuring information about parental involvement workshops, presentations, meetings or other information offered by the school district and/or your child's school in received by you?

	Least effective	Somewhat effective	Rather effective	Most effective
Your child				
Classroom teacher				
School newsletter				
School website				
District website				
Automated phone call				
Newspaper				
Mail				

Other: \_\_\_\_\_

25. How would you like to see parental involvement funds used?

- To provide academic materials for parents to use with their student in the home
- To fund a district Parent Resource Center
- To fund a Parent Involvement Coordinator to plan and execute parental involvement activities and events
- To provide transportation assistance for parents to attend Title I events at the school
- To fund technology resources at the school to support parental involvement
- Other (please provide suggestions):

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

- Transportation
- Child care
- Communication
- Family schedule
- Time of events
- Your child not wanting you to attend
- School not making parents feel welcome
- Other (please indicate):

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

- School policies and procedures
- Helping my child with math
- Advanced placement (AP) courses
- College admission planning
- College financial aid
- Common Core Georgia Performance Standards
- Test-taking skills
- Math curriculum
- Science curriculum
- English/Language arts curriculum
- Social studies curriculum
- Helping your child succeed in school
- High school graduation requirements
- Using technology in education
- Improving my child's reading skills
- Study and homework tips
- Understanding test scores
- CRCT/EOCT
- Georgia Career Cluster/Pathway courses
- Other (please indicate):

28. Would you be interested in attending a workshop at the school or in the community on any of the topics above?

\_\_\_ Yes      \_\_\_ No



29. What is the primary language spoken in your home?

- English  Korean  
 Spanish  French  
 Chinese  Other (please indicate): \_\_\_\_\_

30. When is the best time for you to attend a parent event?

- Before school (M-F)  
 During school, before lunch (M-F)  
 During school, after lunch (M-F)  
 Immediately after school (M-F)  
 Evenings (M-F)  
 Saturday  
 Preferred day/time (please indicate): \_\_\_\_\_

31. In the past year, how often have you helped out at your child's school?

- Almost never  Once or twice  Every few months  Weekly or more

32. I am willing to volunteer in our schools, but I am unsure how I can help.

\_\_\_ Yes \_\_\_ No

33. Please describe any hobbies, talents, interests, or work experiences that you could share with the parents, staff, or students at your child's school.

34. What ways can parent engagement be strengthened within the school district?

35. What ways can parent engagement be strengthened at your child's school?

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

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