

Dear Families,

This survey will help us evaluate our Title I program and, especially, our parent involvement practices, with the ultimate goal of improving your student's education.

Please take a few minutes to fill out this form.

Parent's Name \_\_\_\_\_

Student Name(s) & Grade(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail address \_\_\_\_\_

What are the best times for you to attend meetings and activities at school?

- Mornings       Afternoons       Evenings

Chichester School District encourages parent involvement. Would you like to be more involved with the school(s)?     Yes     No

If yes, check what you would feel comfortable doing (check as many as you wish) -

- Making reminder phone calls to other parents.
- Help with making/ supplying snack for activities.
- Be a part of the School Parent Advisory Council.
- Be a part of the District Parent Advisory Council.
- Translating letters or documents for non-English speaking families.

\_\_\_\_\_ Language

- Be a part of the Schoolwide Plan review and evaluation team.
- Other \_\_\_\_\_

Do you feel that your student was prepared for the PSSA?    Yes     No     N/A

Is there anything you want to know about the PSSA?     Yes     No

What is your opinion of our district and your student's school(s)?

\_\_\_\_\_  
\_\_\_\_\_

Were you notified about our various meetings and event s? Yes  No

What is the best way to notify you?

Phone call     Postal mail     E-mail     Fliers sent home

What would be the best time to call you at home? \_\_\_\_\_

Were you able to attend any school /Title I meetings or workshops during this school year?

Yes  No

If yes, which meetings/workshops did you find most helpful?

Are there any workshops or trainings that you would be interested in attending? Like

Math     100 Book Challenge     Phonics     Homework Help     PSSA

Other \_\_\_\_\_

On a scale of 1-4, with 4 being the most positive, please answer the following questions:

1) How 'welcome' were you made to feel when coming to your student's school?

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	Somewhat	Average	A lot

2) How comfortable were you in meeting with the school staff about your child's needs?

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very	Somewhat	OK	Very comfortable

- 3) How helpful was the Staff in providing extra workshops and activities to help your child succeed in school?

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very	Somewhat	Average	Very helpful

- 4) Were you comfortable volunteering for projects, committees, and other needs at the school?

1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not very	Somewhat	OK	Very Comfortable

On a scale of 1 -3, with 3 being the most positive, please answer the following question.

- 5) Does the school provide enough opportunity for you to learn about your child's academic, social, and emotional needs and goals?

1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough	A few	Many opportunities

Is there anything we can do to provide more information to you or to make it easier for you to be involved in your student's education?

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Additional Comments/Suggestions: \_\_\_\_\_

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Thank you for taking the time to complete this survey. Please return it to your student's classroom teacher or Title I teacher by May 31, 2012.

