

## Parent/Family Involvement Survey

Child's name: \_\_\_\_\_

Parent/family member name \_\_\_\_\_

1. Think about your child's future. What do you want for your child?
2. What can we do to help your child reach these goals?
3. How are you helping your child to reach these goals?
4. What can we do to do to help you be more involved in your child's learning?
5. What is the best way for us to communicate with you? Please include phone numbers or e-mail addresses.