**­Elementary 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 (Department) 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 Department 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.***

Dear Parent/Guardian,

\_\_\_\_\_\_\_\_\_\_\_\_ school is a Title I school, and as the parent/guardian of a child attending a Title I school you are an important part of the Title I team. Your input is vital in the planning and implementation of the parental involvement program and activities in our school. The focus of all Title I programs is to help eligible students meet the same high academic achievement standards expected of all children, regardless of their socioeconomic status and background. The following survey is confidential and will be used to assist us with future planning for parental involvement activities and events at \_\_\_\_\_\_\_\_\_\_\_\_ school. We appreciate your feedback and thank you for taking the time to complete this survey.

All surveys may be returned to (*faculty/staff member*) in the (*locati*on), mailed to (*school name and address*), or completed online at (*website*).

**School Planning**

**1. How well do you feel your child’s school provides parents with opportunities to share feedback and ideas regarding the school’s parental involvement program and activities?**

 Not well Minimally well Quite well Extremely well

**2. Did you attend a meeting this school year where the goals and activities of the Title I program were discussed with parents?**

 Yes No Unsure

**3. At the beginning of the school year, all parents were asked to sign a school-parent compact outlining the responsibilities of both the school and parents in providing the best academic experience for your child. Please explain how the school-parent compact impacted your child’s education this school year?**

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

**4. How would you like to see the parental involvement funds used at your child’s school?** (check all that apply)

* Parent involvement coordinator
* Parent workshops
* Technology resources
* Educational materials for parent use
* Parent resource center
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What would help you participate more in decision making and the overall academic achievement in your child’s school?**

* More encouragement from the school to get involved
* More information on how to get involved
* More information about school issues to be addressed
* More opportunities to share my opinion about school issues
* More confidence in my abilities to help
* More time in my schedule
* Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Have you been given opportunities to provide input into school decisions?**

 Yes No Unsure

**7. How well does the school encourage you to play a role in the school improvement planning process?**

 Not well Minimally well Quite well Extremely well

**8. In the past year, did you participate in the development and review of the following?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes, I participated | No, I did not participate | I was not informed | I do not know |
| Parental involvement activities |  |  |  |  |
| Parental Involvement Plan |  |  |  |  |
| Use of Parental Involvement Funds |  |  |  |  |
| School-Parent Compact |  |  |  |  |
| Title I Program Services |  |  |  |  |
| School Improvement Plan |  |  |  |  |

**9. What ways can the school better involve parents in school planning?**

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

**School-Home Communication**

**10. How well does your child’s school provide information that is easy to understand?**

 Not well Minimally well Quite well Extremely well

**11. How often does your child’s teacher communicate with you about your child’s progress?**

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

**12. How would you prefer to receive information from your child’s school? (check all that apply)**

* Letters/flyer, etc. sent home with students
* Email
* Website
* Phone call
* Social media
* Text message
* Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. Do you know how to contact your child’s teacher?**

 Yes No

**14. What ways can the school improve communication between parents and the school?**

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

**Helping Your Child with School**

**15. Are you aware of what you child is expected to understand in all subject areas?**

 Yes No

**16. How often do you meet in person with your child’s teacher**

 Never Once or twice Every few months Weekly or more

**17. How well does school leadership foster an environment in which staff, parents, and the community work together to improve student achievement?**

 Not well Minimally well Quite well Extremely well

**18. What type of informational programs would you like the school to provide for parents?** (check all that apply)

* Navigating the school
* Reading strategies
* Technology assistance
* Math skills
* Homework help
* Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19. In the past year, how often did you attend a parent meeting or event to help you work with your child to do better in school?**

 Never Once or twice Every few months Weekly or more

**20. Please indicate whether you received the following information from your child’s school**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Received and very helpful** | **Received, but not helpful** | **Definitely did not receive** | **Uncertain** |
| Information about what the school teaches your child |  |  |  |  |
| Information on the Georgia Milestones |  |  |  |  |
| Information on how your child scored on the Georgia Milestones |  |  |  |  |
| What a score on the Georgia Milestones means |  |  |  |  |
| How to keep track of your child’s progress |  |  |  |  |
| Information used to determine whether your child moves to the next grade or repeats the same grade |  |  |  |  |
| How you can work with teachers to help your child in school |  |  |  |  |

**21. How often have you participated in classroom activities with your child during the school day?**

 Never Once or twice Every few months Weekly or more

**22. How often do you work with your child on homework?**

 Never Once or twice Every few months Weekly or more

**23. How often do you have conversations with your child about what his or her class is learning at school?**

 Never Minimally Sometimes Frequently Almost all the time

**24. What ways can the school help you work with your child to do better in school?**

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

**Parent Participation**

**26. How frequently do you participate in activities at your child’s school?**

 Never Once or twice Every few months Weekly or more

**27. Are you aware of the opportunities to volunteer at your child’s school?**

 Yes No

**28. How well do you feel the school creates a welcoming environment for parents?**

 Not well Minimally well Quite well Extremely well

25. Which of the following would enable you to participate in parent meetings and school activities? (check all that apply)

**29.** **Which of the following would enable you to participate in parent meetings and school activities? (check all that apply)**

* Childcare assistance
* Transportation assistance
* Morning meetings (9:00 a.m. – 12:00 p.m.)
* Evening meetings (6:00 p.m. – 8:00 p.m.)
* Access to information online
* Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**30. For each activity listed below, please provide us with your feedback by checking the box that best describes your opinion**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parental Involvement Activity** | **Not Valuable** | **Little Value** | **Rather Valuable** | **Very Valuable** | **Did Not Participate** |
| Open House Night |  |  |  |  |  |
| Literacy Night |  |  |  |  |  |
| Science Fair |  |  |  |  |  |
| Parent Involvement Day |  |  |  |  |  |
| Homework Help Workshop |  |  |  |  |  |
| Parent-Teacher Conferences |  |  |  |  |  |
| Math Matters Night |  |  |  |  |  |

Other suggestions for parent activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**31. How often do you work with other parents at your child’s school to plan and carry out school activities?**

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

**32. What ways can the school help parents to be involved in school activities and programs?**

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

**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.**

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

**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.**