**Middle School Title I Parent and Family Engagement 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 1116(a)(2)(D)-(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.***

Dear Parents/Guardians and Family Members,

As partners in your child’s education, your input is valued. Please take a few minutes to respond to this brief parent survey. This information will be used to help evaluate and strengthen parent and family engagement within our school. All surveys may be returned to (*faculty/staff member*) in the (*location*), mailed to (*school name and address*), or completed online at (*website*).

*School Environment*

1. **How welcome does the school staff at your child’s school make you feel?**

Not at all Minimally Quite a bit A tremendous amount

1. **How often do you participate in school events because your child encourages you to be involved?**

Not at all Minimally Quite a bit A tremendous amount

1. **In the past year, how often have you visited your child’s school?**

Never Once or twice Every few months Monthly Weekly or more

1. **In the past year, how often did you participate in a parent and family engagement activity, event, or program at your child’s school?**

Never Once or twice Every few months Monthly Weekly or more

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

Never Once or twice Every few months Monthly Weekly or more

1. **Please check any of the following that would help you participate more often in school functions, activities, and planning events?**

\_\_\_ Transportation provided \_\_\_ Child care provided

\_\_\_ Event/meeting reminders one week before the event \_\_\_ Meetings/activities offered more than once

\_\_\_ Meetings/activities offered at various times

\_\_\_ Other (Please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Meetings/activities held in community locations other than the school

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

\_\_\_ Before school (M-F) \_\_\_ Evenings (M-F)

\_\_\_ During school, before lunch (M-F) \_\_\_ Saturday

\_\_\_ During school, after lunch (M-F) \_\_\_ Preferred day/time (please indicate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Overall, how much do you feel your child’s school values parent input?**

Not at all Minimally Quite a bit A tremendous amount

*Communication*

1. **Do you know with whom to communicate at your child’s school when you have a question or concern?**

Not at all Minimally Quite a bit A tremendous amount

1. **How often does your child’s school provide you with information about ways to engage in the education of my child?**

Not at all Minimal Quite a bit A tremendous amount

1. **How often have you had opportunities to visit with your child’s teachers to discuss your child’s progress throughout the school year?**

Not at all Minimal Quite a bit A tremendous amount

1. **In the past year, how often did you communicate with teachers at your child’s school?**

Never Once or twice Every few months Monthly Weekly or more

1. **In your opinion, how effective are the following when it comes to the school communicating with you or your family?**

 **Not Effective Effective Very Effective**

Parent meetings (open house, curriculum night, etc.) □ □ □

Parent/Teacher Conferences □ □ □

Newsletters (link on schools website) □ □ □

Automated calls from the school □ □ □

Email □ □ □

School website □ □ □

Flyers sent home with your child □ □ □

1. **What are the best ways for you to provide input regarding your child’s school? (Please check all that apply)**

\_\_\_\_ Attend meetings \_\_\_\_\_ Complete survey online

\_\_\_\_ Phone call \_\_\_\_\_ Complete and return a paper survey

\_\_\_\_ Email \_\_\_\_\_ Send a note to the school

1. **Do you have difficulties with any of the following?**

 **Yes No**

Understanding school policies □ □

Accessing the school webpage □ □

Accessing the Parent Portal (if applicable) □ □

**If yes, please provide specifics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How many times per month do you access the school website?** \_\_ 0-5 \_\_ 6-10 \_\_ 10 or more

*Student Achievement*

1. **How clear is your understanding of the programs and courses that are offered for your child?**

Not at all Minimal Quite a bit A tremendous amount

1. **I am informed as to how my child is doing academically in school.**

Not at all Minimally Quite a bit A tremendous amount

1. **In the past year, how often have you talked with the school about ways that you can help your child’s learning at home?**

Never Once or twice Every few months Monthly Weekly or more

1. **How many times per month do you access your child’s grades online?** \_\_ 0-5 \_\_ 6-10 \_\_ 10 or more
2. **How many times per month do you initiate the use of interactive study tools with your child?
(Flash cards, online resources, etc.)** \_\_ 0-5 \_\_ 6-10 \_\_ 10 or more
3. **How confident are you in your ability to support your child’s learning at home?**

Not at all Minimally Quite a bit A tremendous amount

1. **Workshops and events may be offered at the school based on the needs and interests of our parents. Please review the following list of potential workshop topics and rank them in the order of what interests you the most. (1 = Most Interested, 8 = Least Interested)**

\_\_\_ Homework help workshop \_\_\_ Math-Science Night

\_\_\_ Organization and study skills workshop \_\_\_ Reading Night

\_\_\_ Understanding Georgia Milestones Assessments \_\_\_ Social Studies Night

\_\_\_ Understanding the state adopted standards \_\_\_ Understanding career pathways

1. **What types of training or programs to improve student academic achievement would you be likely to participate in if they were offered by the school? Please check all that apply.**

\_\_\_ Educational parent workshops or classes \_\_\_ Lunch n learn sessions

\_\_\_ Parent meetings or presentations \_\_\_ Online parent classes or webinar presentations

\_\_\_ School decision making committees or councils \_\_\_ Family fun learning nights

\_\_\_ Volunteering \_\_\_ Mentoring

*Advocacy*

1. **How confident are you in your ability to help your child make choices about programs and courses he/she needs to take?**

Not at all Minimally Quite a bit A tremendous amount

1. **In the past year, how often have you given advice to the school?**

Never Once or twice Every few months Monthly Weekly or more

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

**(Check all that apply)**

\_\_\_ Title I Program planning and evaluation

\_\_\_ Development of school parent and family engagement plan

\_\_\_ Development of school-parent compact

\_\_\_ Parent-Teacher conferences

\_\_\_ Parent advisory committees/councils

If so, which did you find most meaningful and enjoyable to be a part of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you did not participate in any, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in participating in the future? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How well do you feel that the school’s parent and family engagement policy and plan provides opportunities for effective involvement of parents to support student academic achievement?**

Not well at all Mildly well Fairly well Quite well Extremely well

* **At home?** Yes No
* **At school?** Yes No
1. Our school is required to set aside a percentage of the Title I money we receive for parent and family engagement activities to actively engage parents in the academic achievement of their children. In the past, money has been spent to provide the school with a family engagement coordinator position and to fund the parent resource center. What are your suggestions for how Title I parent and family engagement money should be spent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What support do you need from the school to ensure your child moves from one grade to the next?

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1. How can our school improve on actively engaging parents and community members in the activities of our school to increase student academic achievement?­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please list any possible community organizations and/or businesses that you feel would be ideal school partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What grade is your child in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is the primary language spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is your relationship to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this very important survey.**

**Your feedback is greatly valued and sincerely appreciated.**