Parent Survey

pro Th ab	par Parent or Guardian: We are in the process of conducting an evaluation of orgam, and we would like to know what you think. Please take a few minute the responses will be used to improve next year's parental involvement program out the survey or need assistance completing it, please contact 251-578-1752 leann.smith@conecuhk12.com	s to complete this survey. m. If you have questions
1.	Do you feel welcome in your child's school?	YesNo
2.	Does your school encourage you to be involved in your child's education?	YesNo
3.	Do you know your school's academic goals and how you can be involved?	YesNo
4.	Did you participate in any of the following activities offered this year?	
	Title I Program Planning/Evaluation Explanation of State Development of Parent Involvement Plan Family Reading/N	eering in the Classroom nferences
5.	Do you know about volunteer work you can do at school?	YesNo
6.	Do you know how you can be involved in school planning/review committees?	YesNo
7.	Do you know what it means to be a Title I School and what your rights are?	YesNo
8.	Do you know how additional help with reading and/or mathematics is given to students through the Title I program?	YesNo
9.	Do you know what your child should know and be able to do in reading and/or mathematics for the grade he/she is in? (Academic Content Standards)	YesNo
10.	Do you understand your child's report cards and test scores?	YesNo
11.	Does the Title I School-Parent Compact help to remind you about things you can do to help your child do better in school?	YesNo
12.	Title I, of the No Child Left Behind Act of 2001 asks that priority be given regular school day. If free instruction and transportation are provided, woul attend Title I services after school, before school, weekend school, or summer s Comments:	d you want your child to

Do you have internet access in your home?	Yes	N
. What is the best way for the school to share information about your child and s	chool activiti	es?
Telephonee-MailWritten NoticesAudio/Video	Tapes	
Other (Specify):		
Can you reach your child's classroom teacher(s) to discuss your child?	Yes	No
Do you feel that teachers in the school are interested and cooperative when you discuss your child's academic progress and/or other concerns?	Yes	N
Check any of the following items that would help you attend Title I Activities:		
Evening Meetings Suggested Time: Transportation Provided Child Care Provided Calendar of Events Sent Home Regularly Reminders Sent Home One Week Before Event Different Location Than the School Suggested Location: Other Specify:	28	×
Did you receive a copy of the following three documents this year:		
The District's Parental Involvement Plan	Yes	No
Your School's Parental Involvement Plan	Yes	N
The School-Parent Compact	Yes	No
Do you know about the school's extra services (for example, counseling, and speech therapy)?	Yes	No
Do you know about the school's referral program to community services outside of the school? (Such services may be adult literacy programs, social services, health services, GED, adult career development, etc.) Do you have comments/concerns about the Title I Program or the Parental Invoyour school?	Yes olvement Pro _§	No gram in
e following data requested is for statistical purposes only: ades of children:		
Pre-KK1234	5	6
78910	11	_12
ce/Ethnicity (Select all applicable):American Indian or Alaska NativeAsian	_African Ame	erican
Native Hawaiian or Pacific IslanderHispanic or Latino	_White	
our child eligible for the free or reduced-price lunch program?	Yes	No