



**High Point Elementary School**  
520 Greenland Road, Sandy Springs, GA 30342

**Title I Parent and Family Engagement  
School Parent & Family Engagement Survey  
2019-2020**

Dear Parent/Guardian and Family Members,

High Point Elementary School is a Title I school, and as the parent/guardian and family member 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 parent and family engagement 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 parent and family engagement activities and events at **High Point Elementary**. We appreciate your feedback and thank you for taking the time to complete this survey.

All surveys may be returned to **Mariana Mendoza, or the front office**, or mailed to High Point Elementary, or view and download online at [www.highpointelementary.org](http://www.highpointelementary.org).

**School Planning**

**1. How well do you feel your child's school provides parents and family members with opportunities to share feedback and ideas regarding the school's parent and family engagement program and activities?**

- Not well       Minimally well       Quite well       Extremely well

**2. How would you like to see the parent and family engagement funds used at your child's school (1%)? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Liaison            | <input type="checkbox"/> Parent resource center               |
| <input type="checkbox"/> Academic Parent workshops | <input type="checkbox"/> Educational materials for parent use |
| <input type="checkbox"/> Technology resources      | <input type="checkbox"/> Other: _____                         |

**School-Home Communication**

**3. 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

**4. 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) \_\_\_\_\_



**Helping Your Child with School**

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

- Academic Workshops
- Reading strategies
- Technology assistance
- Math skills
- Homework help
- Other (please describe) \_\_\_\_\_

**6. 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 Assessments				
Information on how your child scored on the Georgia Milestones Assessments				
What a score on the Georgia Milestones Assessments 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				

**Parent Participation**

**7. Did you participate in any of the following decision-making opportunities requiring parent input and partnership? (Check all that apply)**

- Title I Parent Evaluation
- Development of School Parent and Family Engagement Plan
- Development of School-Family Compact
- Parent-Teacher Conferences
- Parent and Family Input Meeting
- 1% set aside funds for Parent and Family Engagement Activities

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

- Not well
- Minimally well
- Quite well
- Extremely well

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

- Child care 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) \_\_\_\_\_



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

<b>Parent and Family Engagement Activity</b>	<b>Not Valuable</b>	<b>Little Value</b>	<b>Rather Valuable</b>	<b>Very Valuable</b>	<b>Did Not Participate</b>
Building Staff Capacity Training					
Understanding Progress Reports and Report Cards					
National Family Engagement Day					
Literacy Night					
Homework Help Workshop					
Parent-Teacher Conferences					
Math Matters Night					
Student Showcase					
STEAM Day					

**Please provide your contact information if you would like for the school to follow up with you about any feedback provided or ways to engage you more in the school as indicated on the survey.**

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Contact Information (Optional)

Parent/Guardian Name (Print) \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

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

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**Your feedback is greatly valued and sincerely appreciated.  
Thank you for taking the time to complete this very important survey.**

