



## Seaborn Lee Elementary School Title I Annual Parent Survey

Dear Parent/Guardian and Family Members, Seaborn Lee 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. The following survey is confidential and will be used to assist us with future planning for parent and family engagement activities. We appreciate your feedback and thank you for taking the time to complete this survey.

*All surveys may be returned to the Parent Liaison Ms. DaSilva or completed online*

**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 (check all that apply)**

Family engagement coordinator       Parent workshops       Technology resources  
 Educational materials for parent use       Parent resource center

Other: \_\_\_\_\_

**3. What would help you participate more in decision making and the overall academic achievement in your child's school? (check all that apply)**

- More encouragement from the school to engage in my child's education
- More information on how to engage in my child's education
- 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)

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

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

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

Not well       Minimally well       Quite well       Extremely well

**6. 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) \_\_\_\_\_

**7. 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

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

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**9. 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) \_\_\_\_\_

**10. 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) \_\_\_\_\_

**11. What ways can the school help parents and family members engage in school activities and programs?**

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**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.*