

McClarín Success Academy 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.

At McClarin Success Academy, we believe that families are valuable members of the school community and your opinions and suggestions regarding the education of your child are important to the success of our school. Please take a moment to answer the following questions to help us plan and address areas of improvement for the next school year. All surveys may be returned to Ms. Adams in the Parent Resource Room, mailed to McClarin Success Academy, 3605 Main Street, College Park, Ga 30337 or completed online at <http://school.fultonschools.org/hs/mcclarin/Pages/Title-I.aspx> .

1. What is the best way for us to get important information to you?
 - a) Phone call
 - b) Email
 - c) Text message
 - d) Mail
 - e) Website
 - f) Letters/flyers sent home with student
 - g) Social media

2. Please circle the grade level(s) of your child(ren)
 - a) 9
 - b) 10
 - c) 11
 - d) 12

3. Which of the following parent activities would you be interested in participating in or attending? (Choose all that apply)

<input type="checkbox"/> Community service projects with staff/students	<input type="checkbox"/> Parent Advisory Council
<input type="checkbox"/> Family Fun learning nights	<input type="checkbox"/> Online classes/presentations
<input type="checkbox"/> Educational parent workshops/classes	<input type="checkbox"/> Mentoring a student
<input type="checkbox"/> Volunteer opportunities	<input type="checkbox"/> Classroom assistance
<input type="checkbox"/> Open House	<input type="checkbox"/> Lunch n Learn Lessons

4. How welcome do you feel at your child's school?
 - a) Not at all
 - b) A little bit
 - c) Quite a bit
 - d) A tremendous amount

5. To what extent do you know how your child is doing academically at school?
- Not at all
 - A little bit
 - Quite a bit
 - A tremendous amount
6. How often do you participate in decisions regarding your child's high school course selection?
- Never
 - Once in a while
 - Frequently
 - Almost all the time
7. How often do you work with your child on classwork assignments?
- Never
 - Once in a while
 - Sometimes
 - Frequently
 - Almost all the time
8. Would you be interested in receiving more information from the school regarding ways parents can help their children academically?
- Yes (please provide name and email address/phone number):

- No
9. Do you feel informed to make decisions about your child's schooling?
- Yes
- No

10. Please indicate your level of understanding of the following (1 = none, 2 = heard of it, 3 = pretty good, 4 = excellent)

	1 – 4	Would you like to receive more information? (Y/N)	Best way to receive information? email, mail, meeting, or other
State adopted standards			
Georgia Milestones Assessments			
Graduation/Promotion requirements			
Dual Enrollment/Advanced Placement			
College and career information			

11. How well do you know the curriculum that is being used at your child's school?
- Not well at all
 - Minimally well
 - Quite well
 - Extremely well

12. How well do you know what courses your child is expected to take each year?
- a) Not well at all
 - b) Minimally well
 - c) Quite well
 - d) Extremely well
13. In the past year, how often did you participate in a parent and family engagement activity, event, or program at your child's school?
- a) Never
 - b) Once or twice
 - c) Every few months
 - d) Monthly
 - e) Weekly or more
14. How often do you communicate with your child's teachers?
- a) Never
 - b) Once or twice a school year
 - c) Every few months
 - d) Monthly
 - e) Weekly or more
15. In the past year, how often did you visit your child's school?
- a) Never
 - b) Once or twice
 - c) Every few months
 - d) Monthly
 - e) Weekly or more
16. Please rank the following from 1 (Not Well) to 4 (Extremely Well) according to how well your child's school supports each area:
- | | |
|--|--|
| <input type="checkbox"/> Creating a friendly school climate | <input type="checkbox"/> Engaging parents and family members |
| <input type="checkbox"/> Establishing home-school communications | <input type="checkbox"/> Building community partnerships |
17. Overall, how much do you feel your child's school values parent input?
- a) Not at all
 - b) A little bit
 - c) Quite a bit
 - d) A tremendous amount
18. What is the best way for you to provide input regarding your child's school?
- | | |
|---------------------------------------|-----------------|
| a) Attend meetings | e) Focus groups |
| b) Complete a survey online | f) Other: |
| c) Complete and return a paper survey | _____ |
| d) Phone calls | _____ |

19. How well do you know your rights as a parent as it relates to your child's school and education?

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

20. How would you like to see parent and family engagement funds used?

- a) Provide academic materials for parents
- b) Fund a parent resource center
- c) Provide transportation assistance for parents to attend Title I events at the school
- d) Fund technology resources at the school to support parent and family engagement
- e) Other (please provide suggestions):

21. Which of the following prevent you from being able to participate in school functions, activities and planning events?

- a) Transportation
- b) Child care
- c) Communication
- d) Family schedule
- e) Time of events
- f) Other (please indicate):

22. How much information does your child's school provide about parent and family engagement opportunities?

- a) None
- b) A little bit
- c) Quite a bit
- d) A tremendous amount

23. Regarding which of the following topics would you like to receive more information? (Choose all that apply)

- School policies and procedures
- Georgia Milestones Assessments
- Understanding high school curriculum
- Helping your child succeed in school
- Using technology in education
- Other (please indicate): _____

24. How well do you feel your child's school provides you with information to support your child's learning outside of school?

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

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

- a) Before school (M-F)
- b) During school, before lunch (M-F)
- c) During school, after lunch (M-F)
- d) Immediately after school (M-F)
- e) Evenings (M-F)
- f) Saturday
- g) Preferred day/time (please indicate):

26. What is the primary language spoken in your home? _____

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

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

28. What ways can parent and family engagement be strengthened at your child's school?

29. What can we do to support you to ensure your child graduates and receives a high school diploma?

30. Please indicate any skills, knowledge, work or education experience that you could share with the parents, staff or students of your child's school.

31. How can the school improve on actively engaging parents and the community in the activities of our 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.