

## 2018-2019 School-level Title I Parent and Family Engagement Survey

School Name: \_\_\_\_\_ Loc. #: \_\_\_\_\_

Parent's or Family Member's Name	Telephone Number	Email Address

**Directions:** Please complete the 2018-2019 School-level Title I Parent and Family Engagement Survey below in order to assist with the implementation of a Title I Schoolwide Program that meets the needs of your family. The results of this survey will also be utilized to help in the development of the School-level Parent and Family Engagement Plan (PFEP), and future parent and family engagement activities, events, and workshops.

1. From the list below, please identify the topic(s) that you would like to receive additional information on:

- |  |   |
|--|---|
| <input type="checkbox"/> How to access resources for parents<br><input type="checkbox"/> How to become a school volunteer<br><input type="checkbox"/> How to join PFEP Review Meetings<br><input type="checkbox"/> How to join the PTA/PTSA<br><input type="checkbox"/> How to work with my child at home<br><input type="checkbox"/> Tutorial services for my child | <input type="checkbox"/> The Parent Portal<br><input type="checkbox"/> Information about DAC and PAC<br><input type="checkbox"/> State Standards and Testing<br><input type="checkbox"/> The Title I Schoolwide Program<br><input type="checkbox"/> Services for students with special needs<br><input type="checkbox"/> Other: _____ |
|--|---|

2. What type of workshops would you like our school to present in order to best assist you in helping your child?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic Motivation   | <input type="checkbox"/> Cyber Bullying  | <input type="checkbox"/> Learning Disabilities and Special Education |
| <input type="checkbox"/> Academic Requirements | <input type="checkbox"/> Improving Math Skills   | <input type="checkbox"/> Nutrition                                   |
| <input type="checkbox"/> Basic Computer Skills | <input type="checkbox"/> Improving Reading Skills  | <input type="checkbox"/> Parenting Classes                           |
| <input type="checkbox"/> Building Self-Esteem  | <input type="checkbox"/> Improving Science Skills  | <input type="checkbox"/> Test-Taking Strategies                      |
| <input type="checkbox"/> Bullying              | <input type="checkbox"/> Internet Safety   | <input type="checkbox"/> Raising Responsible Children                |
| <input type="checkbox"/> Drug Awareness        | <input type="checkbox"/> Balancing my child's continuous use of technology with more physically engaging activities. |  |

3. What is the most convenient time for you to attend our school activities and workshops?

- Mornings (8am-12pm)     
  Afternoons (12pm-3pm)     
  Evenings (4pm-6pm)

4. Do you require any special assistance during our school activities and workshops (e.g., language interpreter, handicap access/parking, sign language interpreter, etc.)?

- Yes \_\_\_\_\_ (please specify)     
  No

5. What suggestions do you have to assist with the redesigning of services, activities, and effectiveness of the school? List suggestions below:

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Thank you for taking the time to complete this survey!