

## 2019-2020 School-level Title I Parent and Family Engagement Survey School

*Directions: Please complete the 2019-2020 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 Title I School-level Parent and Family Engagement Plan (PFEP), and future parent and family engagement activities, events, and workshops.*

School Name:

Location Code:

Parent/Family Member Name:

Telephone Number:

Email Address:

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

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

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"/> Improving Reading Skills                    |
| <input type="checkbox"/> Academic Requirements | <input type="checkbox"/> Improving Science Skills                    |
| <input type="checkbox"/> Basic Computer Skills | <input type="checkbox"/> Internet Safety                             |
| <input type="checkbox"/> Building Self-Esteem  | <input type="checkbox"/> Learning Disabilities and Special Education |
| <input type="checkbox"/> Bullying              | <input type="checkbox"/> Nutrition                                   |
| <input type="checkbox"/> Drug Awareness        | <input type="checkbox"/> Parenting Classes                           |
| <input type="checkbox"/> Cyber Bullying        | <input type="checkbox"/> Raising Responsible Children                |
| <input type="checkbox"/> Improving Math Skills | <input type="checkbox"/> Test Taking Strategies                      |

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
- No
- Other (please specify)

5. What suggestions do you have to assist with redesigning the services, activities, and effectiveness of the school for this year.

List suggestions below: