

Ted Strickland, Governor Deborah S. Delisle, Superintendent of Public Instruction

Dear Parent or Guardian:

We would like to know what you think about the Title I program services offered to your child. We would also like information about the parent involvement part of the program. Please take a few minutes to complete this survey. The responses will be used to improve the Title I program.

| Sc | hool Activities |
|------|--|
| 1. | Does your school encourage you to be involved in your child's education? |
| | ☐ Yes ☐ No |
| 2. | Do you feel welcome in your child's school? |
| | Yes No |
| 3. | Did you participate in and/or attend any of the following school activities this year? |
| | (LEA- add your own Title I activities. See Samples below) |
| | Title I meeting |
| | Title I program planning and evaluation |
| | The development of the parent involvement policies (at the district or building |
| | level) and the school-parent compact |
| | Parent advisory committee/councils |
| | Parent-teacher conferences |
| | Explanation of state standards and school curriculum |
| | Explanation of state tests |
| | How to help your child with reading/math at home |
| | Family reading/math nights |
| | Observing and/or volunteering in your child's classroom |
| 4. I | Do you know about volunteer work you can do at school? |
| | ☐ Yes ☐ No |
| 5. I | Do you know you can join school planning and review committees? |
| | ☐ Yes ☐ No |
| | |
| | truction |
| 6. I | Do you know how additional help with reading and/or mathematics is given to students |
| in t | he Title I program? |
| | ☐ Yes ☐ No |
| 7. L | Do you know how students are selected for the Title I program? |
| | ☐ Yes ☐ No |
| 8. L | Do you know what your child should know and be able to do in reading and /or |
| n | nathematics for the grade he/she is in? (Academic Content Standards) |
| · - | Yes No |
| | Do you understand your child's report cards and test scores? |
| | (Progress Reports, Local, State, and National Tests) |
| | Yes No |
| 10 | To come while define the recent to the state of the state |
| ıv. | Is your child doing better in school because of the Title I program? |



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| ☐ Yes ☐ No |
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| 11. Does the Title I school-parent compact help to remind you about things you can do to |
| help your child do better in school? (The compact is part of the building parent |
| involvement policy, listing what parents can do to help their students.) |
| ☐ Yes ☐ No |
| 12. The Title I, No Child Left Behind Act, asks that priority be given to extra help |
| beyond the regular school day. If free instruction and transportation are provided, would you want your child to attend Title I after school, before school, weekend school, summer school, preschool, or all day kindergarten? These may replace or add to the Title I program your child is currently attending during the school day. Yes No |
| |
| Communication |
| 13. What is the best way for the school to share information about your child and school |
| activities? Check the best way: |
| ☐ Telephone Call ☐ E-mail ☐ Audio/video tapes |
| Home Visit Written Notices |
| Other (specify :) |
| 14. Can you reach your child's classroom teacher and Title I teacher to discuss your |
| child? |
| ☐ Yes ☐ No |
| 15. Do you feel that teachers in the school are interested and cooperative when you |
| discuss your child's academic progress and/or other concerns? |
| ☐ Yes ☐ No |
| 16. Check any of the following items that would help you to attend Title I activities: |
| Evening meetings. Time suggested: |
| Transportation provided |
| Child care provided |
| Calendar of events sent home regularly |
| Reminders sent home one week before the event |
| Different location than the school. Suggestion: |
| U Other (specify :) |
| |
| Parent Training and Materials |
| 17. Did you attend a meeting where the Title I teacher explained the materials to use with |
| your child at home? |
| Yes No |
| 18. Does your school encourage you to work with your child at home? |
| Yes No No Would you like other ideas to help your shild at hem 2 |
| 19. Would you like other ideas to help your child at home? |
| ☐ Yes ☐ No |



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| School and Community Services | | |
|---|--|--|
| 20. Do you know about the school's extra services (for example, counseling, speech | | |
| therapy)? | | |
| ☐ Yes ☐ No | | |
| 21. Do you know about the school's referral program to community services outside of | | |
| school? (Such services may be adult literacy programs, social services, health | | |
| services, GED, adult career development.) | | |
| Yes No | | |
| Comments/Concerns | | |
| 22. Do you have any comments or concerns about the Title I program in your school? | | |
| Please explain: | | |
| 1 loude explain. | | |
| | | |
| Survey | | |
| We are interested to know about the parents who fill out this survey. Information | | |
| collected for this survey will be used for statistical purposes only. Please help us by | | |
| completing the following questions: | | |
| Grades of children: | | |
| □ PreK □ K □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 | | |
| \square 7 \square 8 \square 9 \square 10 \square 11 \square 12 | | |
| Race/ethnicity (select all that apply): | | |
| American Indian or Alaska Native | | |
| ☐ Asian | | |
| ☐ Black or African-American | | |
| Hispanic or Latino | | |
| Native Hawaiian or Other Pacific Islander | | |
| ☐ White | | |
| Is your child eligible for the free- or reduced-price lunch program? | | |
| ☐ Yes ☐ No | | |