

Parent Survey of Title I Program – High School

Parent Name (Optional): _____ Date: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I understand how Title I services benefit my child. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have had opportunities to become involved with my child's Title I program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have been informed about my child's progress throughout the year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have been invited to make suggestions about my child's participation in the Title I program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have been given information about how I can help my child succeed in school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I can ask school staff for help attending Title I meetings for my child, if I need to. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What aspects of the Title I program have been most helpful for your child? | | |
| 8. What recommendations do you have to improve the Title I program? | | |
| 9. What type of training/program would you like to see the school provide for parents and family members? | | |
| ___ Health awareness | | |
| ___ Assisting with schoolwork | | |
| ___ Parenting skills | | |
| ___ ESL courses | | |
| ___ GED courses | | |
| ___ Nutrition | | |
| ___ Other (please describe): | | |

Thank you! Please return this survey by _____