

Parent Survey – Middle School

Parent Name (Optional) _____ Date _____

1. I understand how Title I services benefit my child.

Yes _____ No _____

2. I have been invited to be involved with my child's Title I program.

Yes _____ No _____

3. I have had opportunities to visit with the Title I teacher(s) concerning the progress of my child throughout the school year.

Yes _____ No _____

4. I have been given information about how to help my child succeed in school.

Yes _____ No _____

5. I can ask school staff for help attending Title I meetings for my child, if I need to.

Yes _____ No _____

6. What aspects of the Title I program have been most helpful for your child?

7. What recommendations do you have to improve the Title I program?

8. What type of training/program would you like to see the school provide for parents and family members?

____ Health awareness

____ Parenting skills

____ Assisting with homework

____ ESL courses

____ GED courses

____ Nutrition

____ Other (please specify): _____

Comments:

Thank you! Please return this survey by _____.