

Parent Survey – High School

Parent Name (Optional) _____ Date _____

- | | | Yes | No |
|----|--|--------------------------|--------------------------|
| 1. | I feel comfortable with Title I services being provided to my child. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I feel that I am welcome to be involved in the Title I program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | I feel that I have had opportunities to become involved with my child's Title I program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | I have been informed about my child's progress throughout the year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | I have been given opportunities to make suggestions about my child's participation in the Title I program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | I have been provided with information about how I can help my child with his/her schoolwork. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | My child's grades have improved since participating in Title I. | <input type="checkbox"/> | <input type="checkbox"/> |

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

9. What recommendations do you have in regard to the Title I program?

10. What type of training/program would you like to see the school provide for parents?

_____ Health awareness	_____ Parenting skills	_____ ESL courses
_____ GED courses	_____ Nutrition	_____ Assisting with homework
_____ Other (please specify) _____		

Please return this survey by May 15.