

# Parent Survey – Lower Elementary

Parent Name (Optional) \_\_\_\_\_ Date \_\_\_\_\_

	1 = Agree	2 = Disagree	3 = No Opinion
1. I understand why my child is in need of Title I services.	1	2	3
2. I feel that I have had opportunities to be involved in my child's Title I program.	1	2	3
3. I have been informed about my child's progress in Title I throughout the school year.	1	2	3
4. I have been provided with information about how I can help my child with his/her schoolwork.	1	2	3
5. I attended the Title I parent meeting in the fall of the year.	1	2	3
6. What aspects of the Title I program have been most helpful for your child?	<hr/> <hr/> <hr/> <hr/>		
7. What recommendations do you have in regard to the Title I program?	<hr/> <hr/> <hr/> <hr/>		
8. What type of training/program would you like to see the school provide for parents?	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <input type="checkbox"/> Health awareness  <input type="checkbox"/> Assisting with homework  <input type="checkbox"/> Other (please specify) _____                 </div> <div style="width: 25%;"> <input type="checkbox"/> Parenting skills  <input type="checkbox"/> Nutrition                 </div> <div style="width: 25%;"> <input type="checkbox"/> ESL courses  <input type="checkbox"/> GED courses                 </div> </div>		

Please return this survey by May 15.