

Parent Survey – Middle School

Parent Name (Optional) _____ Date _____

1. My child has benefited from Title I services.

Yes _____ No _____

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

Yes _____ No _____

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

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

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

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

6. Comments

Please return this survey by May 15.