

# Parent Survey – Upper Elementary School

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. I understand why my child is in need of Title I services.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I feel that I am welcomed to be involved in the Title I program.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There are opportunities for expressing my satisfaction/dissatisfaction with the Title I program. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have attended the Title I parent meeting in the fall of the year.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This meeting was informative and helpful.  | <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. I have been informed about my child's progress throughout the school year.                       | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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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.