

AMERICUS-SUMTER COUNTY HIGH SCHOOL SOUTH  
CAMPUS



805 HARROLD AVENUE AMERICUS, GEORGIA 31709

Phone (229)924-3653 Fax (229)931-8618

**Mr. Kimothy Hadley, Principal**

**Mrs. Rosemary Jones, Assistant Principal    Mr. Todd Vickery, Assistant Principal**

**Mr. William Bell, Assistant Principal**

## Americus Sumter County High South Campus School Title I Parent Involvement Survey

At Americus Sumter County High School South Campus, we believe that families are valuable members of the school community and your opinions and suggestions regarding the education of your child are important to the success of our school. Please take a moment to answer the following questions to help us plan and address areas of improvement for the next school year. All surveys may be returned to (**Kimberly Merritt**) in the (**Counseling Suite**), mailed to (**Americus-Sumter County High School South 805 Harrold Avenue Americus, Ga. 31709**), or completed online at (**website**).

1. What is the best way for us to get important information to you?
  - a) Phone call
  - b) Email
  - c) Text message
  - d) Mail
  - e) Website
  - f) Letters/flyers sent home with student
  - g) Social media
  
2. Please circle the grade level(s) of your child(ren)
  - a) 9
  - b) 10
  - c) 11
  - d) 12
  
3. Which of the following parent activities would you be interested in participating in or attending? (Choose all that apply)

<input type="checkbox"/> Community service projects with staff/students	<input type="checkbox"/> Parent Advisory Council
<input type="checkbox"/> Family Fun learning nights	<input type="checkbox"/> Online classes/presentations
<input type="checkbox"/> Educational parent workshops/classes	<input type="checkbox"/> Mentoring a student
<input type="checkbox"/> Volunteer opportunities	<input type="checkbox"/> Classroom assistance
<input type="checkbox"/> Open House	<input type="checkbox"/> Lunch n Learn Lessons
  
4. How welcome do you feel at your child's school?
  - a) Not at all
  - b) A little bit
  - c) Quite a bit
  - d) A tremendous amount
  
5. To what extent do you know how your child is doing academically at school?
  - a) Not at all
  - b) A little bit
  - c) Quite a bit
  - d) A tremendous amount

6. How often do you participate in decisions regarding your child's high school course selection?
- a) Never
  - b) Once in a while
  - c) Frequently
  - d) Almost all the time
7. How often do you work with your child on classwork assignments?
- a) Never
  - b) Once in a while
  - c) Sometimes
  - d) Frequently
  - e) Almost all the time
8. Would you be interested in receiving more information from the school regarding ways parents can help their children academically?
- Yes (please provide name and email address/phone number): \_\_\_\_\_
- No
9. Do you feel informed to make decisions about your child's schooling?
- Yes
- No

10. Please indicate your level of understanding of the following (1 = none, 2 = heard of it, 3 = pretty good, 4 = excellent)

	1 – 4	Would you like to receive more information? (Y/N)	Best way to receive information? email, mail, meeting, or other
<b>Georgia High School Graduation Tests</b>			
<b>End of Course Tests</b>			
<b>Graduation/Promotion requirements</b>			
<b>Dual Enrollment/Advanced Placement</b>			
<b>College and career information</b>			

11. How well do you know the curriculum that is being used at your child's school?
- a) Not well at all
  - b) Minimally well
  - c) Quite well
  - d) Extremely well
12. How well do you know what courses your child is expected to take each year?
- a) Not well at all
  - b) Minimally well
  - c) Quite well
  - d) Extremely well
13. In the past year, how often did you participate in a parental involvement activity, event, or program at your child's school?
- a) Never
  - b) Once or twice
  - c) Every few months
  - d) Monthly
  - e) Weekly or more

14. How often do you communicate with your child's teachers?
- Never
  - Once or twice a school year
  - Every few months
  - Monthly
  - Weekly or more
15. In the past year, how often did you visit your child's school?
- Never
  - Once or twice
  - Every few months
  - Monthly
  - Weekly or more
16. Please rank the following from 1 (Not Well) to 4 (Extremely Well) according to how well your child's school supports each area:
- |  |  |
|--|--|
| <input type="checkbox"/> Creating a friendly school climate      | <input type="checkbox"/> Involving parents               |
| <input type="checkbox"/> Establishing home-school communications | <input type="checkbox"/> Building community partnerships |
17. Overall, how much do you feel your child's school values parent input?
- Not at all
  - A little bit
  - Quite a bit
  - A tremendous amount
18. What is the best way for you to provide input regarding your child's school?
- |                                       |                 |
|---------------------------------------|-----------------|
| a) Attend meetings                    | e) Focus groups |
| b) Complete a survey online           | f) Other:       |
| c) Complete and return a paper survey | _____           |
| d) Phone calls                        |                 |
19. How well do you know your rights as a parent as it relates to your child's school and education?
- Not well at all
  - Minimally well
  - Quite well
  - Extremely well
20. How would you like to see parental involvement funds used?
- Provide academic materials for parents
  - Fund a parent resource center
  - Provide transportation assistance for parents to attend Title I events at the school
  - Fund technology resources at the school to support parental involvement
  - Other (please provide suggestions): \_\_\_\_\_
21. Which of the following prevent you from being able to participate in school functions, activities and planning events?
- |                    |                             |
|--------------------|-----------------------------|
| a) Transportation  | e) Time of events           |
| b) Child care      | f) Other (please indicate): |
| c) Communication   | _____                       |
| d) Family schedule |                             |
22. How much information does your child's school provide about parental involvement opportunities?
- None
  - A little bit
  - Quite a bit
  - A tremendous amount

23. Regarding which of the following topics would you like to receive more information? (Choose all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> School policies and procedures            | <input type="checkbox"/> Helping your child succeed in school |
| <input type="checkbox"/> Common Core Georgia Performance Standards | <input type="checkbox"/> Using technology in education        |
| <input type="checkbox"/> Understanding high school curriculum      | <input type="checkbox"/> Other (please indicate): _____       |

24. How well do you feel your child's school provides you with information to support your child's learning outside of school?

- a) Not well at all
- b) Minimally well
- c) Quite well
- d) Extremely well

25. When is the best time for you to attend a school event for parents?

- a) Before school (M-F)
- b) During school, before lunch (M-F)
- c) During school, after lunch (M-F)
- d) Immediately after school (M-F)
- e) Evenings (M-F)
- f) Saturday
- g) Preferred day/time (please indicate):  
\_\_\_\_\_

26. What is the primary language spoken in your home? \_\_\_\_\_
27. How well do you feel the school's parental involvement policy and plan provides opportunities for effective involvement of parents to support student academic achievement?
- a) Not well at all
  - b) Minimally well
  - c) Quite well
  - d) Extremely well
28. What ways can parental involvement be strengthened at your child's school?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
29. What can we do to support you to ensure your child graduates and receives a high school diploma?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
30. Please indicate any skills, knowledge, work or education experience that you could share with the parents, staff or students of your child's school.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
31. How can the school improve on actively involving parents and the community in the activities of our school?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please provide your contact information if you would like for the school to follow up with you about any feedback provided or ways to get you more involved in the school as indicated on the survey.**

Contact Information (OPTIONAL)

Parent/Guardian Name: \_\_\_\_\_ Email address:

Phone number: \_\_\_\_\_ Address:

Child's name: \_\_\_\_\_

**Thank you for taking the time to complete this very important survey. Your feedback is greatly valued and sincerely appreciated**