

Staley Middle School Title I Parent Involvement Survey

Dear Parents/Guardians,

As partners in your child's education, your input is valued. Please take a few minutes to respond to this brief parent survey. This information will be used to help evaluate and strengthen parental involvement within our school. All surveys may be returned to the front office at Staley Middle or may be mailed to Staley Middle School at 915 N. Lee Street Americus, Ga. 31709. You may attain a copy online at www.sumterschools.org.

School Environment

1. How welcome does the school staff at your child's school make you feel?

Not at all
 Minimally
 Quite a bit
 A tremendous amount

2. How often do you participate in school events because your child encourages you to be involved?

Not at all
 Minimally
 Quite a bit
 A tremendous amount

3. In the past year, how often have you visited your child's school?

Never
 Once or twice
 Every few months
 Monthly
 Weekly or more

4. In the past year, how often did you participate in a parental involvement activity, event, or program at your child's school?

Never
 Once or twice
 Every few months
 Monthly
 Weekly or more

5. In the past year, how often have you talked with the school about how they can help your child learn?

Never
 Once or twice
 Every few months
 Monthly
 Weekly or more

6. Please check any of the following that would help you participate more often in school functions, activities, and planning events?

Transportation provided
 Child care provided
 Event/Meeting reminders one week before the event
 Meetings/Activities offered more than once
 Meetings/Activities offered at various times
 Other (Please describe): _____
 Meetings/Activities held in community locations other than the school

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

Before school (M-f)
 Evenings (M-F)
 During school, before lunch (M-F)
 Saturday
 During school, after lunch (M-F)
 Preferred day/time (please indicate): _____

8. Overall, how much do you feel your child's school values parent input?

- Not at all
 Minimally
 Quite a bit
 A tremendous amount

Communication

9. Do you know with whom to communicate at your child's school when you have a question or concern?

- Not at all
 Minimally
 Quite a bit
 A tremendous amount

10. How often does your child's school provide you with information about ways to be involved in the education of my child?

- Not at all
 Minimal
 Quite a bit
 A tremendous amount

11. How often have you had opportunities to visit with your child's teachers to discuss your child's progress throughout the school year?

- Not at all
 Minimal
 Quite a bit
 A tremendous amount

12. In the past year, how often did you communicate with teachers at your child's school?

- Never
 Once or twice
 Every few months
 Monthly
 Weekly or more

13. In your opinion, how effective are the following when it comes to the school communicating with you or your family?

	Not Effective	Effective	Very Effective
Parent meetings (open house, curriculum night, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Teacher Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters (link on schools website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated calls from the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyers sent home with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. What are the best ways for you to provide input regarding your child's school? (Please check all that apply)

- Attend meetings
 Complete survey online
 Phone call
 Complete and return a paper survey
 Email
 Send a note to the school

15. Do you have difficulties with any of the following?

	Yes	No
Understanding school policies	<input type="checkbox"/>	<input type="checkbox"/>
Accessing the school web page	<input type="checkbox"/>	<input type="checkbox"/>
Accessing the Parent Portal (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide specifics: _____

16. How many times per month do you access the school website? 0-5 6-10 10 or more

Student Achievement

17. How clear is your understanding of the programs and courses that are offered for your child?

Not at all Minimal Quite a bit A tremendous amount

18. I am informed as to how my child is doing academically in school.

Not at all Minimally Quite a bit A tremendous amount

19. In the past year, how often have you talked with the school about ways that you can help your child's learning at home?

Never Once or twice Every few months Monthly Weekly or more

20. How many times per month do you access your child's grades online? 0-5 6-10 10 or more

21. How many times per month do you initiate the use of interactive study tools with your child?
(Flash cards, online resources, etc.) 0-5 6-10 10 or more

22. How confident are you in your ability to support your child's learning at home?

Not at all Minimally Quite a bit A tremendous amount

23. Workshops and events may be offered at the school based on the needs and interests of our parents. Please review the following list of potential workshop topics and rank them in the order of what interests you the most. (1 = Most Interested, 8 = Least Interested)

- | | |
|---|--|
| <input type="checkbox"/> Homework help workshop | <input type="checkbox"/> Math-Science Night |
| <input type="checkbox"/> Organization and study skills workshop | <input type="checkbox"/> Reading Night |
| <input type="checkbox"/> Understanding the CRCT workshop | <input type="checkbox"/> Social Studies Night |
| <input type="checkbox"/> CCGPS: Understanding what my child is learning in school | <input type="checkbox"/> Understanding career pathways |

24. What types of training or programs to improve student academic achievement would you be likely to participate in if they were offered by the school? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Educational parent workshops or classes | <input type="checkbox"/> Lunch n learn sessions |
| <input type="checkbox"/> Parent meetings or presentations | <input type="checkbox"/> Online parent classes or webinar presentations |
| <input type="checkbox"/> School decision making committees or councils | <input type="checkbox"/> Family fun learning nights |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Mentoring |

Advocacy

25. How confident are you in your ability to help your child make choices about programs and courses he/she needs to take?

Not at all Minimally Quite a bit A tremendous amount

26. In the past year, how often have you given advice to the school?

Never Once or twice Every few months Monthly Weekly or more

27. Did you participate in any of the following decision-making opportunities requiring parental input and partnership? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Title I Program planning and evaluation | <input type="checkbox"/> Development of school parent involvement plan |
| <input type="checkbox"/> Development of school-parent compact | <input type="checkbox"/> Development of flexible learning program |
| <input type="checkbox"/> Parent advisory committees/councils | <input type="checkbox"/> Parent-Teacher conferences |

If so, which did you find most meaningful and enjoyable to be a part of?

If you did not participate in any, why not? _____

Would you be interested in participating in the future? _____

28. How well do you feel that the school's parent involvement policy and plan provides opportunities for effective involvement of parents to support student academic achievement?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not well at all | Mildly well | Fairly well | Quite well | Extremely well |
| | - At home? | Yes | No | |
| | - At school? | Yes | No | |

29. Our school is required to set aside a percentage of the Title I money we receive for parental involvement activities to actively engage parents in the academic achievement of their children. In the past, money has been spent to provide the school with a Parent Involvement Coordinator position and to fund the Parent Resource Center. What are your suggestions for how Title I parental involvement money should be spent?

30. What support do you need from the school to ensure your child moves from one grade to the next?

31. How can our school improve on actively involving parents and community members in the activities of our school to increase student academic achievement?

32. Please list any possible community organizations and/or businesses that you feel would be ideal school partners:

33. What grade is your child in? _____

34. What is the primary language spoken in your home? _____

35. What is your relationship to your child? _____

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