

Family-School Relationships Survey

Helping students do their best in school requires a team effort. Parents, students, and schools all play important roles in this process. To help all of us learn how to make your child's schooling experience as positive and beneficial as possible, please give us your honest, thoughtful responses to the questions below.

Perceptions of Child

In this section, we would like to learn more about your perceptions of your child and your child's interactions with their school.

1. How much of a sense of belonging does your child feel at their school?

- No belonging at all
 A little bit of belonging
 Some belonging
 Quite a bit of belonging
 Tremendous belonging

2. How well do you feel your child's school is preparing them for their next academic year?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

3. How well do the activities offered at your child's school match their interests?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

4. At your child's school, how well does the overall approach to discipline work for your child?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

5. How comfortable is your child in asking for help from school adults?

- Not comfortable at all
 Slightly comfortable
 Somewhat comfortable
 Quite comfortable
 Extremely comfortable

6. Given your child's cultural background, how good a fit is their school?

- Not good at all
 Slightly good
 Somewhat good
 Quite good
 Extremely good

7. How well do the teaching styles of your child's teachers match your child's learning style?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

School Environment

In this section, we would like to learn more about your perceptions of the overall climate at your child's school.

8. To what extent do you think that children enjoy going to your child's school?

- Do not enjoy at all
 Enjoy a little bit
 Enjoy somewhat
 Enjoy quite a bit
 Enjoy a tremendous amount

9. How motivating are the classroom lessons at your child's school?

- Not at all motivating
 Slightly motivating
 Somewhat motivating
 Quite motivating
 Extremely motivating

10. How fair or unfair is the school's system of evaluating children?

- Very unfair Somewhat unfair Slightly unfair Neither fair nor unfair Slightly fair Somewhat fair Very fair

11. How much does the school value the diversity of children's backgrounds?

- Not at all A little bit Some Quite a bit A tremendous amount

12. How well do administrators at your child's school create a school environment that helps children learn?

- Not well at all Slightly well Somewhat well Quite well Extremely well

13. Overall, how much respect do you think the children at your child's school have for the staff?

- Almost no respect A little bit of respect Some respect Quite a bit of respect A tremendous amount of respect

14. Overall, how much respect do you think the teachers at your child's school have for the children?

- Almost no respect A little bit of respect Some respect Quite a bit of respect A tremendous amount of respect

Perceptions of School Safety

Please give us your perceptions related to the safety of your child in different situations.

15. How often do you worry about violence at your child's school?

- Almost never Once in a while Sometimes Frequently Almost always

16. If a student is bullied at your child's school, how difficult is it for them to get help from an adult?

- Not at all difficult Slightly difficult Somewhat difficult Quite difficult Extremely difficult

17. How likely is it that someone from your child's school will bully them online?

- Not at all likely Slightly likely Somewhat likely Quite likely Extremely likely

18. Overall, how unsafe does your child feel at school?

- Not at all unsafe Slightly unsafe Somewhat unsafe Quite unsafe Extremely unsafe

19. To what extent are drugs a problem at your child's school?

- Not a problem at all A little bit of a problem A moderate problem Quite a problem A tremendous problem

Background Questions

For the final section, we would like to need to know a bit of background information about you so that we can review the data by family and student demographics. This section is optional.

20. What is your race or ethnicity?

- | | | | | | | | |
|--|-----------------------|------------------------------|-----------------------|---|-----------------------|----------------------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| American
Indian or Alaska
Native | Asian | Black or African
American | Hispanic or
Latino | Native Hawaiian
or Other Pacific
Islander | White | Two or More
Races/Ethnicities | Other |

21. If you selected "Two or More Races/Ethnicities" or "Other," and would like to provide more of a description, please use the space below.

22. What grade is your child in?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pre-Kindergarten | Kindergarten | 1st grade | 2nd grade | 3rd grade | 4th grade | 5th grade |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6th grade | 7th grade | 8th grade | 9th grade | 10th grade | 11th grade | 12th grade |

23. What is your child's race or ethnicity?

- | | | | | | | | |
|--|-----------------------|------------------------------|-----------------------|---|-----------------------|----------------------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| American
Indian or Alaska
Native | Asian | Black or African
American | Hispanic or
Latino | Native Hawaiian
or Other Pacific
Islander | White | Two or More
Races/Ethnicities | Other |

24. If you selected "Two or More Races/Ethnicities" or "Other," and would like to provide more of a description, please use the space below.

25. Please indicate the primary language you speak with your child currently. (Please check only one).

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chinese | English | French | German | Italian | Korean |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Russian | Spanish | Tagalog | Vietnamese | Other/multiple
languages | |

26. If you selected "Other/multiple languages," please describe what language(s) you speak with your child currently in the space below.

27. Is your child currently enrolled in an English Language Learning program?

Yes

No

28. Does your child have an Individualized Education Plan (IEP) or receive special education services?

Yes

No

SAMPLE FORM