

PARENTAL INVOLVEMENT EVALUATION (In accordance with ESSA 2015)

The intent of this survey is to better serve you the parent and your child. Please answer the following questions openly and honestly to help us help you, while we strengthen and increase Parental Involvement in our schools.

1=Unacceptable 2=Fair 3=Satisfactory 4=Excellent N/A= Didn't attend

- 1. Assessment training (Scantron Assessment, ACT, Alternate Assessment, ACCESS)
- 2. Utilizing resources in the school to assist you and your child (Library Parent Section, etc.)
- 3. Intervention strategy workshops (CCRS ELA and Math, Writing, Social Studies, Science, etc.)
- 4. Parenting classes
- 5. PTA/PTO meetings
- 6. Meetings are offered at flexible times and dates that fit your schedule

Please respond in your own handwriting, how we might increase parental involvement in our school/district and how we could specifically assist you.

Parent Workshop Survey

All parents are encouraged to visit the school as much as possible. Please come and see what your child has been doing.

We are looking forward to having parent workshops that will be hosted throughout the year. Information from our parents is an important part of identifying the needs of our students. Please check below the areas of content that you feel will meet the needs of your child.

- | | |
|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Help with Homework |
| <input type="checkbox"/> Counseling (Divorce, Death, etc.) | <input type="checkbox"/> Health |
| <input type="checkbox"/> Study Habits | <input type="checkbox"/> CCRS Math |
| <input type="checkbox"/> Self-esteem | <input type="checkbox"/> CCRS Language |
| <input type="checkbox"/> Technology Training | <input type="checkbox"/> _____ |

Name of School: _____ Grade of Child: _____

Please indicate the best time for you to attend a parent workshop by ranking the following time slots 1-4, with 1 being the time you are most available.

- | | |
|--|---|
| <input type="checkbox"/> Day, 8am-noon | <input type="checkbox"/> Evening, after 5pm |
| <input type="checkbox"/> Day, noon-5pm | <input type="checkbox"/> Saturdays |

*Please detach this page after completion and have the student return it to his or her homeroom teacher.
Schools should forward this form to Mr. Darryl Wahington, Director of Federal Programs.*