

**LEHIGHTON AREA SCHOOL DISTRICT**  
**Lehigh, Pennsylvania 18235**

**TITLE I PARENT SURVEY**  
**May 2024**

In order for us to receive feedback and evaluate our Title I programs and services in Lehigh, please complete this survey and return to your child's homeroom teacher.

We value your opinion and appreciate your cooperation in completing this survey, which will assist us in evaluating our Title services and programs. Thank you!

1. Does your child receive Title I Services?  
 Yes     No
  
2. Do you feel welcome in your child's school?  
 Yes     No
  
3. My child's school provides a clean, safe environment for teaching and learning.  
 Yes     No
  
4. I seek out curriculum and general information about my child's school from teacher websites or the Lehigh Area School District website.  
 Yes     No
  
5. Do you understand the concept of our Schoolwide Title I program and what is offered to your child?  
 Yes     No
  
6. Have you ever held a conference or discussed your child's progress with a Title I teacher?  
 Yes     No
  
7. Do you know your child's academic goals and how to be involved?  
 Yes     No
  
8. Do you understand your child's report cards and test scores?  
 Yes     No
  
9. Do you know about volunteer work you can do at the school?  
 Yes     No
  
10. What time is more convenient for you to attend meetings?  
 Mornings     Afternoon     Evenings

11. What is the best way for the school to share information about your child and school activities?

_____	Telephone Call	_____	Written Notices
_____	School Website	_____	Conferences
_____	Email		

12. Can you reach your child's classroom teacher(s) to discuss your child?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

13. Does your school encourage you to be involved in your child's education?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

14. Would you like to be a member of the Title I Parent Advisory Committee?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    contact info \_\_\_\_\_

15. Did you attend the Fall Parent Night?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

16. Do you feel that the teachers in the school are interested and cooperative when you discuss your child's academic progress and/or other concerns?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

17. Suggestions to consider for improving parent and community involvement within the Title program:

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18. What professional development opportunities for staff do you think would help improve your child's education:

- |   |  |
|---|--|
| <input type="checkbox"/> Math                                     | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Reading                                  | <input type="checkbox"/> Safety        |
| <input type="checkbox"/> STEM (Science, Tech, Engineering & Math) | <input type="checkbox"/> Other _____   |

Optional:

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Phone #: \_\_\_\_\_

Thank you for your assistance! Please return to the elementary center's office by Friday, May 24, 2024.