

Madison County School District

ESL/ELL Program Survey

In order for the Madison County School District to best serve ESL (English as a Second Language) and (English Language Learners) students, we ask that you complete this survey and return it to your child's ESL/ELL teacher. Please do NOT include your return address as all responses are anonymous. Thank you very much.

Please circle your response.

1. What is your child's grade?

K 1 2 3 4 5 6 7 8 9 10 11 12

2. In what part of the district is your child's school?

Northeast Flora Madison Ridgeland

3. How many months has your child been in the MCSD ESL/ELL program?

1 – 5 6 – 10 11 – 20 21 – 30 30 or more

4. What is your child's ***first*** language? _____

5. I am pleased with the education my child is receiving in the MCSD.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

6. I am pleased with the services my child is receiving in the ESL/ELL program.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

7. Students in grades K-8 spend between 30 minutes and one hour a day in ESL. Students in grades 9-12 spend between 90 and 180 minutes a day in ESL. The amount of time my child spends in ESL/ELL is

Too Much Just Right Too Little

8. My child's ESL/ELL teacher responds to my questions, needs, and concerns.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

9. Based on what I know, the quality of the ESL/ELL program is

Excellent Very Good Average Fair Poor

10. The instructional goal of the ESL/ELL program is to provide services to ELL students to improve or increase their English proficiency; thus, enabling them to function independently and to participate effectively in the academic program. I believe the ESL/ELL program is meeting its goal with my child.

Strongly Agree Agree No Opinion Disagree Strongly Disagree

Please check as many responses as are appropriate.

How has the ESL/ELL program helped **your** child?

_____ settling into school
_____ meeting friends in school
_____ meeting the academic demands of school
_____ understanding cultural differences from your native country

How has the ESL/ELL program helped **you**?

_____ meeting other parents
_____ connecting me with the school
_____ understanding my child's school needs
_____ communicating with my child's teacher

Parent ESL/ELL classes

1. Are you **(the parent)** currently taking ESL/ELL classes? _____ If so, which program?
_____ Where? _____
2. Have you taken any ESL/ELL classes in the past 2 years? _____ If so, which program?
_____ Where? _____
3. Are you interested in taking ESL/ELL classes? _____ Yes _____ No
If yes, please list _____
(For more information about adult ESL/ELL classes, please contact 601.879.3018.)

Please Comment (In English if possible; if not, in your native language)

1. What do you consider to be the greatest strength of the ESL/ELL program?

2. How could the program better serve your child's needs?

3. Other comments: