



24-25 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.

If you have more than one child at this school, please think about your eldest child as you answer the following questions.

Thank you for taking time to complete this survey and provide feedback.

Perceptions of Child

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

1. How much of a sense of belonging does your child feel at his/her 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 him/her for his/her 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 his/her 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 his/her 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

15. What is the best thing your school does to help parents become involved at the school?

16. What is the best thing that the school does to help your child feel like the school is a good fit for him/her?

Perceptions of School Safety

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

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

- Almost never Once in a while Sometimes Frequently Almost always

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

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



19. How likely is it that someone from your child's school will bully him/her online?

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

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

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

21. 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

At this school:

22. Are your child's individual differences viewed as assets?

- Almost never Once in a while Sometimes Frequently Almost always

23. Are your child's strengths recognized?

- Almost never Once in a while Sometimes Frequently Almost always

24. Is your child challenged to improve?

- Almost never Once in a while Sometimes Frequently Almost always

25. Does your child have the supports needed to succeed?

- Almost never Once in a while Sometimes Frequently Almost always

26. What characteristics of your child's school is the most helpful for his/her learning?

Background Questions

For the final section, we need to know a bit of background information about you so that we can describe the types of families who completed the survey and the child they were reporting about.

27. How often is the communication you receive from the school/district applicable to you and your family?

- Almost never Once in a while Sometimes Frequently Almost always

28. What platform are you most likely to engage with communication from the school/district?

- Email Facebook Instagram Phone call Text message Twitter Jeffco Public Schools website My child's school website



29. What grade range is your eldest child in at this school?

Pre K

K-2

3-5

6-8

9-12

30. What is your race or ethnicity?

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

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

32. What is your relationship to your child?

Mother

Father

Step-mother

Step-father

Grandmother

Grandfather

Aunt

Uncle

Guardian

Other

33. If you selected "Other," please describe your relationship to your child.

34. How long have you been a parent/guardian at this school?

1 year

2 years

3 years

4 years

5 years

6 years

7 years

More than 7
years

35. Select all that apply to your child in this school:

Special Education

Gifted and Talented (GT) /
Advanced Learning Plan
(ALP)

English Language Learner

Free/Reduced Price Lunch

None

36. What recommendation would you make to the school for how to improve communications and relationships with parents?
