



## 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 School

In this first section, we would like to learn more about some of your roles, beliefs, and attitudes as well as some of the activities that you do as the parent of a school-aged child.

1. How often do you have conversations with your child about what his/her class is learning at school?

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost all the time

2. How much effort do you put into helping your child learn to do things for himself/herself?

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

3. How well do you know your child's close friends?

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

4. How often do you help your child understand the content s/he is learning in school?

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost all the time

5. How often do you help your child engage in activities which are educational outside the home?

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost all the time

6. How often do you and your child talk when s/he is having a problem with others?

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost all the time

7. To what extent do you know how your child is doing socially at school?

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

### 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.

8. 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



9. 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

10. 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

11. 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

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

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

13. 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

14. 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

15. In an average day, how many hours of "screen time" (time in front of computers, television, texting, video games, etc.) does your child spend?

- 0-2       3-5       6-8       9-11       12-14       15 or more

16. On average, what grades do you expect your child to earn in school?

- F       D       C       B       A

### School Environment

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

17. 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

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

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



19. 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

20. 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

21. 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

22. 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

23. 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.

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

- Almost never       Once in a while       Sometimes       Frequently       Almost always

25. 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

26. 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

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

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

28. 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



29. Does your child's teacher regularly communicate with you about your child's progress? If so, how?

---

---

30. What type of program(s) would you like to see offered to your child through the school (i.e. art, dance, theatre, STEM, robotics, etc.)?

---

---

31. What additional thoughts would you like us to know about your child's school?

---

---

**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. All questions are optional. If you prefer not to answer a question, you can skip it.

32. Of the following, which source do you use the most to get information about the school/district?

- Email/List-serv     Newsletters     Newspaper     Phone call     Radio     Television     Text message     Website     Other

33. What would be the best way for the school/district to stay in communication with you?

- Email/List-serv     Newsletters     Newspaper     Phone call     Radio     Television     Text message     Website     Other

34. What is your gender?

- Female     Male

35. What is your child's gender?

- Female     Male

36. What is your child's 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



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

---

---

38. 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            |

39. 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"/>         | <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                 |

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

---

---

41. What is your relationship to your child?

- |                       |                       |                       |                       |                                      |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                | <input type="radio"/> |
| Mother                | Father                | Step-mother           | Step-father           | Grandmother                          | Grandfather           |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                |                       |
| Aunt                  | Uncle                 | Guardian              | Other                 | I prefer not to answer this question |                       |

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

---

---

43. 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"/>    | <input type="radio"/>                |
| Russian               | Spanish               | Tagalog               | Vietnamese            | Other/multiple languages | I prefer not to answer this question |



44. Please select the highest level of education you have completed.

- |                       |                       |                            |                       |                       |                       |                                 |                       |                           |                                      |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|---------------------------------|-----------------------|---------------------------|--------------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>                |
| Did not attend school | 1st grade             | 2nd grade                  | 3rd grade             | 4th grade             | 5th grade             | 6th grade                       | 7th grade             | 8th grade                 | 9th grade                            |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>           | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>                |
| 10th grade            | 11th grade            | Graduated from high school | 1 year of college     | 2 years of college    | 3 years of college    | Graduated from a 4-year college | Some graduate school  | Completed graduate school | I prefer not to answer this question |

SAMPLE FORM