Elementary Title I Reading Group / Intervention Survey

Please check all responses that apply to you:

My child is in: ( ) Kindergarten ( ) Third Grade

( ) First Grade ( ) Fourth Grade

( ) Second Grade

1. How has the Title I Reading Group / Intervention time helped your child/children?_____
   _____
   _____
2. What suggestions do you have for Title I in the future?_____
   _____
   _____
3. What did your child like most about the Title I Reading Group / Intervention?_____
   _____
   _____
4. What other questions do you have about Title I services?_____
   _____
   _____
5. What is the best method of communication so we can address your concerns?_____
   _____
   _____
6. Additional Comments?
   _____
   _____
   _____

   Thank you for taking the time to complete this survey. Please have your child return this form to his/her teacher.