Clinch County Middle School Title I Parent Involvement Survey

Dear Parent/Guardian,

Clinch County Middle School is a Title I school, and as the parent/guardian of a child attending a Title I school you are an important part of the Title I team. Your input is vital in the planning and implementation of the parent involvement program and activities in our school. The focus of all Title I programs is to help eligible students meet the same high academic achievement standards expected of all children, regardless of their socioeconomic status and background. The following survey is confidential and will be used to assist us with future planning for parental involvement activities and events at CCMS. We appreciate your feedback and thank you for taking the time to complete this survey.

ALL surveys may be returned to Lori Register at the Clinch County Elementary/Middle.

School Planning

1. How well do you feel your child's school provides parents with opportunities to share feedback a ideas regarding the school's parental involvement program and activities?					
	Not Well	Minimally Well	Quite Well	Extremely Well	
2.	Did you attend discussed with		where the goals and a	activities of the Title I program were	
	Yes	No	Unsure		
3.	How would you (check all that	like to see the parental in apply)	volvement funds used	at your child's school?	
	Parent Involv	vement Coordinator	Parent Res	source Center	
	Parent Works	shops	Technolog	gy Resources	
	Educational 1	materials for Parents	Other		
4.	What would he your child's sc		n decision making and	l the overall academic achievement in	
		agement from the school to ation on how to get involved			
	More information	ation about school issues to	be addressed		
	More confide	unities to share my opinion a ence in my abilities to help	about school issues		
	More time inOther (please	my schedule e explain)			
5.	Have you been a	given opportunities to pro	vide input into school	decisions?	
	Yes	No	Unsure		
6.	How well does	the school encourage you	to play a role in the so	chool improvement planning process?	
	Not Well	Minimally Well	Quite Well	Extremely Well	

7.	In the past year.	did vou pa	articipate in the	development and	review of the following?

	Yes, I participated	No, I did not participate	I was not informed	I do not know
Parental Involvement Activities				
Parental Involvement Plan				
Use of Parental Involvement Funds				
School-Parent Compact				
Title I Program Services				
School Improvement Plan				

ool-Parent Compact e I Program Services						
ool Improvement Plan						
8. What ways can the s	school better involve p	parents in sch	ool plann	ning?		
ool-Home Communicat	<u>ion</u>					
9. How well does your	child's school provide	e information	that is ea	sy to u	nderstand?	
Not Well	_Minimally Well	Quite W	ell	E	xtremely Well	
10. How often does your	child's teacher comr	nunicate with	you abo	ut your	child's progr	ess?
NeverO	nce or twice a year	Every Few	Months	v	Veekly or Mor	e
11. How would you pref	er to receive informa	tion from you	r child's	school (check all tha	t apply)
Letters/Flyers sent	home w/students	E-l	Mail			
Website		Fac	cebook Pa	age		
•	AlertNow Call Syster		xt Messag	ge 		
12. Do you know how to	contact your child's	teacher?				
Yes	No					
13. What ways can the s	school improve comm	unication bet	ween par	ents an	d the school?	

14.	Are you aware	of what your child is expected to understand in all subject areas?
	Yes	No

NeverOnce or Twice	Every fe	w Months	Weekly or More		
16. How well does your school leadersl improve student achievement?	hip work togethe	with staff, paren	ts, and the comm	unity to	
Not WellMinimally We	ellQuite	Well	Extremely Well		
17. What type of informational progra (check all that apply)	ıms would you lik	e the school to pr	ovide for parents?	?	
Navigating the school		_Reading Strategies	S		
Technology Assistance		_Math Skills			
Homework Help		Other (please desc	eribe)		
child to do better in school? Never Once or Twice	Every few	Months	Weekly or More		
NeverOnce or Twice 19. Please indicate whether you receive	·		Weekly or More your child's school Definitely did	ol. Uncertai	
NeverOnce or Twice 19. Please indicate whether you receive	ed the following i	nformation from	your child's schoo	_	
NeverOnce or Twice 19. Please indicate whether you receive Information about what the school	ed the following i	nformation from	your child's schoo	_	
NeverOnce or Twice 19. Please indicate whether you receive Information about what the school taches your child	ed the following i	nformation from	your child's schoo	_	
NeverOnce or Twice 19. Please indicate whether you receive Information about what the school raches your child receive of the Ga Milestones Test of the Game of the Gam	ed the following i	nformation from	your child's schoo	_	
NeverOnce or Twice 19. Please indicate whether you receive Information about what the school aches your child information on the Ga Milestones Test information on how your child scored on the Ga Milestones Test	ed the following i	nformation from	your child's schoo	_	
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NeverOnce or Twice 19. Please indicate whether you receive Information about what the school raches your child receive aches your child receive and the Ga Milestones Test receive and t	ed the following i	nformation from	your child's schoo	_	
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21. How often do you have conversations with your child about what his or her class in learning at school?

	NeverN	Minimally _	_Sometimes	Frequently	Almost all the	e time			
22.	. What ways can the school help you work with your child to do better in school?								
Parent :	Participation								
23.	How frequently do	you participate i	in activities at yo	our child's school	?				
	Never	Once or Twice	Every fe	w Months	Weekly or More	2			
24.	How well do you fe	el the school crea	ates a welcoming	environment for	parents?				
	Not WellN	Minimally Well	Quite V	Well	_Extremely Well				
25.	Which of the follow (check all that appl		e you to particip	ate in parent me	etings and school	activities?			
	Childcare Assistar Morning Meeting Access to informa Other (please exp	s (9am-12pm) ation online		_Transportation As_ _Evening Meeting					
26.	For each activity list describes your opin		e provide us wit	h your feedback l	by checking the b	oox that best			
Parent	Involvement Activit	y Not Valuabl	Little e Value	Rather Valuable	Very Valuable	Did Not Participate			
Open I	House	v aiuabi	e value	Valuable	v aiuabie	1 at ticipate			
Parent	Teacher Conference	es							
Family	Reading Night								
Ga Mil	estones Workshop								
Parent	Feedback Night								
Other su	nggestions for parent	activities:	,			'			

27. What ways can the school help parents to be involved in school activities and programs?
Please provide your contact information if you would like for the school to follow up with you about any feedback provided or ways to get you more involved in the school as indicated on the survey.
Contact Information (OPTIONAL)
Parent/Guardian Name:
E-Mail Address:
Address:
Phone Number:
Child's Name:
Thank you for taking the time to complete this very important survey. Your feedback is

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