

Parent Survey

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NOTE: EACH SCHOOL WOULD CHOOSE ONLY 3-5 OF THE FOLLOWING QUESTIONS FOR PARENTS, DEPENDENT ON THE FOCUS OF THEIR INDIVIDUAL SCHOOL IMPROVEMENT PLAN.

Achievement

1. On a scale of 1-5, with 5 being “Very Good” and 1 being “Very Poor” how well do you think your child is performing in each of the following areas? (Schools would provide as choices only the areas below they are focusing on from the following list).

	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
	1	2	3	4	5
Reading comprehension	0	0	0	0	0
Writing	0	0	0	0	0
Oral communication	0	0	0	0	0
Listening	0	0	0	0	0
Math computation	0	0	0	0	0
Math reasoning/problem solving	0	0	0	0	0
Science	0	0	0	0	0
Social Studies/History	0	0	0	0	0
Health/Physical Education	0	0	0	0	0
Foreign Language	0	0	0	0	0
Art	0	0	0	0	0
Music	0	0	0	0	0
Problem Solving	0	0	0	0	0
Reasoning/Inquiry	0	0	0	0	0
Using technology	0	0	0	0	0
Leadership	0	0	0	0	0
Personal Discipline/Self-control	0	0	0	0	0
Study Skills	0	0	0	0	0

2. On a scale of 1-5, with 5 being “Very Good” and 1 being “Very Poor” please rate the quality of instruction your child receives in each of the following subject areas.

	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
	1	2	3	4	5
Reading	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Mathematics	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Science	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Social Studies	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

3. On which THREE of the following areas do you think your child’s school should place the most emphasis? (**Place checks by the three areas where you feel you need the most help**). (Schools would select those areas of focus from the following list).

Reading comprehension	<input type="checkbox"/>		Reasoning/Inquiry	<input type="checkbox"/>
Writing	<input type="checkbox"/>		Using technology	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>		Leadership	<input type="checkbox"/>
Listening	<input type="checkbox"/>		Personal Discipline/Self-control	<input type="checkbox"/>
Math computation	<input type="checkbox"/>		Foreign Language	<input type="checkbox"/>
Math reasoning/problem solving	<input type="checkbox"/>		Art	<input type="checkbox"/>
Science	<input type="checkbox"/>		Music	<input type="checkbox"/>
Social Studies/History	<input type="checkbox"/>		Problem Solving	<input type="checkbox"/>
Health/Physical Education	<input type="checkbox"/>			

4. The school provides extra academic help to my child when he/she needs it. (**Please mark one**).

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

5. This school is preparing my child well for the next grade. (**Please mark one**).

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

6. [FOR PARENTS OF HIGH SCHOOL STUDENTS ONLY] This school is preparing my child well for what he/she wants to do after high school. **(Please mark one).**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

7. [FOR PARENTS OF HIGH SCHOOL STUDENTS ONLY] This school is preparing my child well for the world of work. **(Please mark one).**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

8. When my child graduates, I am confident in their:

	Yes	No
Ability to write	<input type="radio"/>	<input type="radio"/>
Ability to read	<input type="radio"/>	<input type="radio"/>
Ability to do mathematics	<input type="radio"/>	<input type="radio"/>
Ability to present information	<input type="radio"/>	<input type="radio"/>
Technology skills	<input type="radio"/>	<input type="radio"/>

Safe Environment

9. My child's school maintains good discipline. **(Please mark one).**

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

10. How safe do you think your child feels at school? **(Please mark one).**

- Very safe
- Safe
- Undecided
- Unsafe
- Very Unsafe

11. Discipline problems are handled quickly at my child's school. **(Please mark one).**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Undecided

12. Discipline problems are handled fairly at my child's school. **(Please mark one).**
- Strongly agree
 - Agree
 - Undecided
 - Disagree
 - Strongly disagree

13. On a scale of 1-4, with 4 being "Very Safe" and 1 being "Very Unsafe" how safe do you feel your child is in each of the following locations at school?

	Very unsafe 1	Unsafe 2	Neither safe nor Unsafe 3	Safe 4	Very Safe 5	Does Not Apply
a. School Hallways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. School Lunchroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. School Playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. School Parking Lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. School Restrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. School Buses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking to and from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

School Partnerships

14. I feel welcome when I visit my child's school. **(Please mark one).**
- Most of the time
 - Sometimes
 - Rarely
 - No answer

15. How often do the teachers at your child's school communicate with you (by phone, email, classroom newsletter, etc.)? **(Please mark one).**
- At least once a week
 - At least once a month
 - Once or twice a year
 - No answer

16. Who usually initiates the communication between you and the school? **(Please mark one).**

- The parent/sponsor
- The teacher
- The principal/assistant principal
- Someone else: _____

17. My child's school encourages parent/guardian involvement at school related events. (Examples might include parent nights, sports, or field trips.) **(Please mark one).**

- Yes
- No
- No answer

18. The staff at my child's school listen carefully when I express my opinions and concerns. **(Please mark one).**

- Most of the time
- Sometimes
- Rarely
- No answer