

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” 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"/> | <input type="radio"/> |
| Writing | <input type="radio"/> | <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"/> | <input type="radio"/> |
| Science | <input type="radio"/> | <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"/> | <input type="radio"/> |

2. On which THREE of the following areas do you think your child’s school should place the most emphasis? (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"/> | | | |

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

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

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

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

5. [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

6. [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

Safe Environment

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

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

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

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

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

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

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

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

11. 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

12. My child's school makes me feel welcome when I visit. **(Please mark one).**

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

13. 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

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

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

15. 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

16. 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