



Academy of Richmond



Title I Parental Input/Feedback FY 17-18

Compact Changes	Policy Changes	Title I Budget	Title I Schoolwide Plan
Suggested Changes/Comments/Questions _____	Suggested Changes/Comments/ Questions _____	Suggested Changes/Comments/ Questions _____	Suggested Changes/Comments/ Questions _____
Was Session Helpful? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Session Helpful? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Session Helpful? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Session Helpful? Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian _____ Phone _____ Email _____

Name of Child's School _____ Grade(s) _____