



W.S. HORNSBY 4-8 SCHOOL

320 Kentucky Avenue
Augusta, GA 30901

Ms. Sheri Calhoun, AP

Dr. Carletha Doyle, Principal

Phone: (706)823-6960
Fax: (706)823-6963

Mr. Author Mitchell, AP

2019-2020 Beginning of Year Parent and Family Engagement Survey

Dear Parents/Guardians and Family Members,

W.S. Hornsby 4-8 School is a Title I School, and as the parent/guardian and family member 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 and family engagement 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 parent and family engagement activities and events at **W.S. Hornsby 4-8 School**. We appreciate your feedback and thank you for taking time to complete this survey.

All surveys may be returned to the Main Office, mailed to 320 Kentucky Ave., Augusta, GA 30901, or completed online at W.S. Hornsby 4-8 School on the Website.

1. Please describe any hobbies, talents, interests, or work experiences that you could share with the parents, staff, or students at your child's school.

2. For each activity listed below, please select yes or no if you would like for your child's school to host this event.

- Open House
- Literacy Night
- Math Night
- Science Fair
- Homework Support Workshop
- Parent-Teacher Conference



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3. What type of informational programs would you like the school to provide for parents?

- ☐ Navigating the school
- ☐ Reading strategies
- ☐ Technology assistance
- ☐ Math skills
- ☐ Homework help
- ☐ Other (please describe)

4. What would help you participate more in decisions making and the overall academic achievement in your child's school?

5. How would you like to see the parent and family engagement funds used at your child's school?

- ☐ Parent Workshops
- ☐ Technology Resources
- ☐ Educational Materials for Parent Use
- ☐ Parent Resources
- ☐ Other

6. Which of the following would enable you to participate in parent meetings and school activities?

- ☐ Child Care Assistance
- ☐ Transportation Assistance
- ☐ Morning Meetings
- ☐ Evening Meetings
- ☐ Access to Information Online
- ☐ Other (Please Explain)



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7. How would you prefer to receive information from your child's school?

8. Please provide your contact information if you would like for the school to follow up with you about any feedback provided or ways to engage you more in the school as indicated on the survey.

Name: _____

Contact Telephone Number: _____

Email Address: _____

Thank You!