

Richmond County School System

Title I District Survey

2017-2018

Families, please complete this survey. Your feedback will help us to provide the activities, workshops and resources that are most needed based on your responses. Check all that apply.

<p>1. How well do you feel the school district provides opportunities to share feedback?</p> <p>Not Well <input type="checkbox"/> Minimally Well <input type="checkbox"/> Quite Well <input type="checkbox"/> Extremely Well <input type="checkbox"/></p>
<p>2. In the past year, did you participate in the development and review of the following? Parent Involvement.....</p> <p>Activities <input type="checkbox"/> Parent Policy <input type="checkbox"/> Funds <input type="checkbox"/> Compacts <input type="checkbox"/> Schoolwide or Targeted Assistance Plan <input type="checkbox"/></p>
<p>3. What would you like to see the parental involvement funds used for at your child's school?</p> <p>Parent Coordinator <input type="checkbox"/> Technology <input type="checkbox"/> Parent Workshops <input type="checkbox"/> Parent Center <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify):</p>
<p>4. What would help you participate more in decision making and the overall academic achievement for your child(ren) in Richmond County schools?</p> <p>More information on how to get involved <input type="checkbox"/> More opportunities to share my opinion <input type="checkbox"/> More confidence in my abilities to help <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>
<p>5. How well do you feel the school district provides information that is easy to understand?</p> <p>Not Well <input type="checkbox"/> Minimally Well <input type="checkbox"/> Quite Well <input type="checkbox"/> Extremely Well <input type="checkbox"/></p>
<p>6. How would you like to receive information from the district? (Check all that apply)</p> <p>Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Letter <input type="checkbox"/> Social Media (specify):</p>
<p>7. What type of informational programs would you like the district to provide for parents?</p> <p>At-home reading/strategies <input type="checkbox"/> Georgia Milestone Assessment <input type="checkbox"/> Homework Tips <input type="checkbox"/> Community Resources <input type="checkbox"/> Other (please specify):</p>
<p>8. Which of the following would enable you to participate in parent meetings and district activities?</p> <p>Childcare Assistance <input type="checkbox"/> AM Meetings <input type="checkbox"/> Transportation <input type="checkbox"/> PM Meetings <input type="checkbox"/></p>
<p>9. Are you interested in becoming a parent volunteer? If so, please write your name and best contact information.</p>
<p>10. Please write additional comments or questions here:</p>