

2007-2008 West Orange – Cove CISD Parent Involvement Advisory Council PARENT INVOLVEMENT SURVEY

We need your help to plan parent involvement programs within our schools. Parent involvement is fun, informative, and most important of all, it helps our children achieve. Please take a few minutes to fill out this survey. Fill in completely the circle that reflects your opinion of each item. **Please use only blue or black ink. Return to your child's school office.**

1. Would you be interested in attending a workshop on how parents can help their children learn at home?
 - Yes
 - No
2. If you checked "Yes" for question 1, please indicate the types of workshops you would like to participate in to help your children learn:
 - Helping with homework
 - Improving reading skills
 - Improving math skills
 - Testing programs and what they mean
 - Improving your child's self-image
 - Building your own parenting skills
 - Helping your child explore career choices
 - Saying no to drugs
 - Dealing with divorce
 - Internet Safety
 - Bullying
 - Dealing with feelings and emotions
 - Parenting the child with Learning Disabilities and/or ADD, ADHD
3. When would you like to have these meetings scheduled?
 - On a week night. If yes, select one:
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - In the early morning before school starts
 - Sometime during a weekday. If yes, select one:
 - Morning
 - Afternoon
 - On a Saturday. If yes, select one:
 - Morning
 - Afternoon
 - On a Sunday. If yes, select one:
 - Morning
 - Afternoon
4. Where would you like these parenting programs to be held?
 - In the School
 - In a community / public facility
5. What specifically would you like to know about the school?

6. From what source do you get most of your Information about school? (check ONE)
 - Newsletters
 - Teachers
 - Friends
 - Internet
 - Children
 - Principal
 - Newspaper
 - Other: _____
7. What are some of your concerns about your child's school?
 - Bullying
 - Peer Pressure
 - Disciplinary Action
 - Child's Safety
 - TAKS Preparation / Resources
 - Other: _____
8. Did you attend a workshop or family event in the previous school year?
 - Yes
 - NoIf Yes, Which One:

9. Check the kind of resources and services you would like to see made available at the school?
 - Homework on –line
 - Parent Support Group
 - Family use of school library, computer room, gym

10. How effective are the following toward improving communications between your family and school?

	Needs		
	Good	Fair	Improvement
Open Houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grade Level Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Teacher Conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Teacher Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. As a parent, would you like assistance with any of the following?

	Yes	No
Your child's homework	<input type="radio"/>	<input type="radio"/>
Attending school functions	<input type="radio"/>	<input type="radio"/>
Maximizing quality time w/ child	<input type="radio"/>	<input type="radio"/>
Parent / Teacher Conferences	<input type="radio"/>	<input type="radio"/>
Dealing w/ your child's problems	<input type="radio"/>	<input type="radio"/>
Knowing school policies	<input type="radio"/>	<input type="radio"/>
Motivating your child	<input type="radio"/>	<input type="radio"/>

12. Do you need assistance in getting to and from school functions and events (PTA meetings, Parent Involvement Meetings, Meet the Teacher Night, Parent Teacher Conferences, Workshops, etc...)
 Yes
 No

13. If transportation were provided would you attend the above school functions and events?
 Yes
 No

14. Do you need assistance with child care?
 Yes
 No

15. If childcare were provided, would you attend the above school functions and events?

- Yes
- No

16. Do you have Internet access?

- Yes
- No

17. If yes, where is it accessible?

- Home
- Work
- Library
- Other

18. Would you participate in District Computer Training / Internet Access if it were offered?

- Yes
- No

19. Would you like to volunteer in the following areas?

- Clerical or administration duties for the school
- Helping in a classroom (reading aloud, working with individual students)
- Organizing a school event
- Assisting with student events or field trips
- Participating on an advisory committee (Parent Advisory Committee, School Improvement Committee, Textbook committee, School Health Committee)
- Other _____

20. I have the following hobbies and work experience that I would be willing to share with the students or school:

21. Parent and family involvement at school should be strengthened in the following ways:

Name _____

Address _____

Phone _____ E-mail _____

Best Time to Contact _____

Children's Grades _____