

# PARENT/FAMILY INVOLVEMENT/INTEREST SURVEY

The PTA needs your help to plan parent/family involvement programs at our school. Parent/family involvement is fun, informative and, most important of all, helps our children perform better in school.

Please take a few minutes to fill out this survey and return it to: \_\_\_\_\_

1. Where do you get most of your information about school?  
(Circle all that apply.)  
 Newsletter     Friends     Children  
 Newspaper     Teachers     Television  
 Principal     School Bulletin Board  
 Other \_\_\_\_\_
2. Would you be interested in attending a class or session on important parenting issues?  
 Yes     No
3. Please indicate below the type of workshops you would like to participate in to help you help your children learn:  
 Helping with homework  
 Improving reading skills  
 Testing programs and what they mean  
 English as a second language  
 Improving your child's self-image  
 Building parenting skills ("Profession Parent")  
 Helping your child explore career choices  
 Preventing drug abuse: Street and Prescription  
 Preventing alcohol abuse ("Party 101: Consequences to Underage Drinking")  
 Discussing AIDS, STDs and steps to protect your child  
 Promoting safety at school  
 Special needs: ADHD, Dyslexia, Learning Disabilities  
 Healthy Kids ("Food and Fitness Matter")  
 Bullying ("Stop Bullying Now!")  
 "40 Developmental Assets"  
 Gang Awareness and prevention  
 How to Help Your Child Succeed in School  
 "Road Rules- What Every Parent Should Know"  
 Internet Safety ("NetSmartz")  
 Family Art, Science or Math night  
 Financial Fitness for Life  
 Other \_\_\_\_\_
4. Where would you like these parenting programs to be held?  
 In the school  
 In the home of a parent in your neighborhood or area  
 Would you be willing to host such a session?  
 Yes     No  
 Local restaurant or business  
 Other \_\_\_\_\_
5. When would you like to have these meetings?  
 On a weekday evening  
 Lunch Hour  
 In the early morning before school starts  
 Sometime during a weekday  
 Morning     Afternoon  
 On a Saturday  
 Morning     Afternoon     Evening  
 On a Sunday  
 Morning     Afternoon     Evening
6. Would you be interested in participating in a small group discussion hour at the school?     Yes     No  
 Best time:     Morning     Afternoon     Evening
7. I feel I can talk openly with my child's teacher.  
 Yes     No     To some degree  
 I feel I can talk openly with my child's principal.  
 Yes     No     To some degree  
 I feel well informed by the school or teacher about what my child is doing at school.  
 Yes     No     To some degree  
 I feel that the teacher needs to be aware of home problems that may affect my child's work.  
 Agree     Disagree
8. How effective are the following in improving communication with your child's teacher and the school?  

	Good	Fair	Poor
Open houses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade-level orientation sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher-Parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTA meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. As a parent, do you have trouble with any of the following?  

	Yes	No	To some degree
Your child's homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending enough time with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with your child's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivating your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Would you be willing to volunteer in the following ways?  
 Clerical or administrative duties for school or PTA  
 Helping in your child's classroom (e.g. reading aloud, working with individual students)  
 Organizing PTA or school events (e.g., open house, holiday program, cultural arts fair)  
 Participating on an advisory committee (on curriculum and textbooks, school issues, school safety)  
 Participating in school-based management  
 Other \_\_\_\_\_
11. Check the kinds of resources and services you would like to see made available at the school.  
 Homework help  
 After-school child care  
 Parenting support  
 Family use of school facilities  
 Other \_\_\_\_\_
12. Please indicate hobbies and work experience that you could share with the students, school or parent group:  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Parent and community involvement at school could be strengthened in the following ways: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Optional: Name \_\_\_\_\_

Best time to contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_