

# Leon County Schools

## Fall 2022 Title I Parent and Family Engagement Survey

This survey is to help us understand different aspects of the parent/school relationship. We are interested in your thoughts, feelings, and attitudes towards your child's school.

When answering these questions, please consider your experience so far during the 2022-2023 school year. Your responses are anonymous. Please be as honest as possible; there are no right or wrong answers.

Because each child has unique experiences in the same school, you should complete this survey for each child you have attending the selected school **(one survey per child)**. Thank you.

To respond  or

**1. Select the school that your child attends. (Select one.)**

- |                                                              |                                               |                                             |                                             |
|--------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="radio"/> Apalachee Elementary                   | <input type="radio"/> Astoria Park Elementary | <input type="radio"/> Bond Elementary       | <input type="radio"/> Fairview Middle       |
| <input type="radio"/> Fort Braden School                     | <input type="radio"/> Godby High              | <input type="radio"/> Governors Charter     | <input type="radio"/> Griffin Middle        |
| <input type="radio"/> Hartsfield Elementary                  | <input type="radio"/> Nims Middle             | <input type="radio"/> Oak Ridge Elementary  | <input type="radio"/> Pineview Elementary   |
| <input type="radio"/> Rickards High                          | <input type="radio"/> Riley Elementary        | <input type="radio"/> Ruediger Elementary   | <input type="radio"/> Sabal Palm Elementary |
| <input type="radio"/> Sealey Elementary                      | <input type="radio"/> Second Chance           | <input type="radio"/> Springwood Elementary | <input type="radio"/> Success Academy       |
| <input type="radio"/> Tallahassee School of Math and Science | <input type="radio"/> Woodville School        |                                             |                                             |

**2. What grade is your child in? (Select one.)**

- |                             |                           |                           |                           |                            |                            |                            |
|-----------------------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> Pre-K | <input type="radio"/> K   | <input type="radio"/> 1st | <input type="radio"/> 2nd | <input type="radio"/> 3rd  | <input type="radio"/> 4th  | <input type="radio"/> 5th  |
| <input type="radio"/> 6th   | <input type="radio"/> 7th | <input type="radio"/> 8th | <input type="radio"/> 9th | <input type="radio"/> 10th | <input type="radio"/> 11th | <input type="radio"/> 12th |

**3. How often do you communicate with your child's teachers to discuss his/her academic achievement? (Select one.)**

- |                                      |                               |                                        |                                              |                                    |
|--------------------------------------|-------------------------------|----------------------------------------|----------------------------------------------|------------------------------------|
| <input type="radio"/> Weekly or more | <input type="radio"/> Monthly | <input type="radio"/> Every few months | <input type="radio"/> Once or twice per year | <input type="radio"/> Almost never |
|--------------------------------------|-------------------------------|----------------------------------------|----------------------------------------------|------------------------------------|

**4. How often do you have conversations with your child about what his/her class is learning at school? (Select one.)**

- |                                     |                                  |                                 |                                       |                                    |
|-------------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Almost always | <input type="radio"/> Frequently | <input type="radio"/> Sometimes | <input type="radio"/> Once in a while | <input type="radio"/> Almost never |
|-------------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------------------|

**5. How often do you help your child engage in activities which are educational outside of the home? (Select one.)**

- |                                     |                                  |                                 |                                       |                                    |
|-------------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> Almost always | <input type="radio"/> Frequently | <input type="radio"/> Sometimes | <input type="radio"/> Once in a while | <input type="radio"/> Almost never |
|-------------------------------------|----------------------------------|---------------------------------|---------------------------------------|------------------------------------|

**6. Do you agree that your child receives the academic support needed to meet his/her individual needs? (Select one.)**

- |                                      |                             |                               |                                |                                         |
|--------------------------------------|-----------------------------|-------------------------------|--------------------------------|-----------------------------------------|
| <input type="radio"/> Strongly agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree | <input type="radio"/> Strongly disagree |
|--------------------------------------|-----------------------------|-------------------------------|--------------------------------|-----------------------------------------|

**7. Would you use the following support services, if offered? (Select one response for each service.)**

|                                | Yes                   | No                    |
|--------------------------------|-----------------------|-----------------------|
| Childcare                      | <input type="radio"/> | <input type="radio"/> |
| Translator                     | <input type="radio"/> | <input type="radio"/> |
| Networking with other families | <input type="radio"/> | <input type="radio"/> |
| Adult education classes        | <input type="radio"/> | <input type="radio"/> |
| Parenting classes              | <input type="radio"/> | <input type="radio"/> |

**8. Does your child's school currently offer the following support services? (Select one response for each service.)**

|                                | Yes                   | No                    | Don't Know            |
|--------------------------------|-----------------------|-----------------------|-----------------------|
| Childcare                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Translator                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Networking with other families | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adult education classes        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parenting classes              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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9. Has your child's school made any improvements in providing information about involvement opportunities or events taking place at the school? *(Select one.)*

- No improvements needed       Yes; improvements were made       No; no improvements were made       Not applicable; my child did not attend this school last year

10. Have you participated in any parent workshop offered by your child's school this academic year? *(Select one.) If yes, go to Question 11; If no, skip to Question 12.*

- Yes       No       The school did not offer any parent workshops

11. Which parent workshops did you participate in? *(Enter in box below.)*

12. What is the most convenient time(s) for you to attend school activities and workshops? *(Select all that apply.)*

- Mornings (8am -12pm)       Afternoons (12pm - 5pm)       Evenings (5pm - 7pm)

13. Of the following, which activities are you interested in participating in? *(Select all that apply.)*

- |                                                              |                                                                      |
|--------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Job/Employment Hiring Fairs         | <input type="checkbox"/> Health and Wellness                         |
| <input type="checkbox"/> Home-Buying and Financial Budgeting | <input type="checkbox"/> Communication for Positive Behavior Results |
| <input type="checkbox"/> STEM Literacy                       | <input type="checkbox"/> Literacy/Math Learning at Home              |
| <input type="checkbox"/> Math Knowledge                      | <input type="checkbox"/> Title I Advisory Council Committee          |

Other

14. Which of the following would be the best way for the school/district to stay in communication with you? *(Select one.)*

- |                                                             |                                               |
|-------------------------------------------------------------|-----------------------------------------------|
| <input type="radio"/> Email/Listserv                        | <input type="radio"/> School Newsletters      |
| <input type="radio"/> Phone Calls                           | <input type="radio"/> Television              |
| <input type="radio"/> Text Messages                         | <input type="radio"/> School/District Website |
| <input type="radio"/> Title I District Office Facebook Page | Other                                         |

15. What could your child's school and/or the Title I District Office do to better support your engagement in your child's learning and school? *(Enter in box below.)*

