



Title I Annual Parent Involvement Evaluation

At TMSA, we believe that families are valuable members of the school community, your opinions and suggestions regarding the education of your child are important to the success of our school. Please take a moment to answer the following questions to help us plan and address areas of improvement for the next school year. All surveys may be returned to Ms. Tiana Welch in the Parent Resource Center or emailed to tiana.welch@tmsa.org.

1. What is the best way for us to get important information to you?
a) Phone call b) Email c) Text message

d) Mail e) Website f) Letters/flyers sent home with student g) Social media
2. Please circle the grade level(s) of your child(ren)
a) K b) 1 c) 2 d) 3 e) 4 f) 5 g) 6 h) 7 i) 8
3. Which of the following parent activities would you be interested in participating in or attending?
(Choose all that apply) Community service projects with staff/students Family Fun learning nights
 Educational parent workshops/classes Volunteer opportunities Open House
 Parent Advisory Council Online classes/presentations Classroom assistance
 Coffee & Conversation
4. How welcome do you feel at your child's school?
a) Not at all b) A little bit c) Quite a bit d) A tremendous amount
5. To what extent do you know how your child is doing academically at school?
a) Not at all b) A little bit c) Quite a bit d) A tremendous amount
6. How often do you participate in decisions regarding your child's school course selection?
a) Never b) Occasionally c) Frequently d) Almost all the time
7. How often do you work with your child on classwork assignments
a) Never b) Once in a while c) Sometimes d) Frequently e) Almost all the time

8. Would you be interested in receiving more information from the school regarding ways parents can help their children academically?

Yes (please provide name and email address/phone number): _____

No

9. Do you feel informed to make decisions about your child's schooling? Yes No

10. How well do you know the curriculum that is being used at your child's school

a) Not well at all b) Minimally well c) Quite well d) Extremely well

11. How well do you know what courses your child is expected to take each year?

a) Not well at all b) Minimally well c) Quite well d) Extremely well

12. In the past year, how often did you participate in a parental involvement activity, event, or program at your child's school?

a) Never b) Once or twice c) Every few months d) Monthly e) Weekly or more

13. How often do you communicate with your child's teachers?

a) Never b) Once or twice a school year c) Every few months d) Monthly e) Weekly or more

14. In the past year, how often did you visit your child's school?

a) Never b) Once or twice c) Every few months d) Monthly e) Weekly or more

15. Please rank the following from 1 (Not Well) to 4 (Extremely Well) according to how well your child's school supports each area:

- Creating a friendly school climate
- Establishing home-school communications
- Involving parents
- Building community partnerships

16. Overall, how much do you feel your child's school values parent input?

a) Not at all b) A little bit c) Quite a bit d) A tremendous amount

17. What is the best way for you to provide input regarding your child's school?

a) Attend meetings b) Complete a survey online c) Complete and return a paper survey

d) Phone calls e) Focus groups f) Other: _____

18. How well do you know your rights as a parent as it relates to your child's school and education?

a) Not well at all b) Minimally well c) Quite well d) Extremely well

19. How would you like to see parental involvement funds used?

a) Provide academic materials for parents b) Fund a parent resource center

c) Provide transportation assistance for parents to attend Title I events at the school

d) Fund technology resources at the school to support parental involvement

e) Other (please provide suggestions): _____

20. Which of the following prevent you from being able to participate in school functions, workshops, activities and planning events?

- a) Transportation b) Child care c) Communication
- d) Family schedule e) Time of events f) Other (please indicate): _____

21. How much information does your child's school provide about parental involvement opportunities?

- a) None b) A little bit c) Quite a bit d) A tremendous amount

22. Regarding which of the following topics would you like to receive more information? (Choose all that apply)

- School policies and procedures Georgia Milestones Understanding school curriculum
- Helping your child succeed in school Using technology in education
- Other (please indicate): _____

23. How well do you feel your child's school provides you with information to support your child's learning outside of school?

- a) Not well at all b) Minimally well c) Quite well d) Extremely well

24. When is the best time for you to attend a school event for parents?

- a) Before school (M-F) b) During school, before lunch (M-F)
- c) During school, after lunch (M-F) d) Immediately after school (M-F)
- e) Evenings (M-F) f) Saturday
- g) Preferred day/time (please indicate): _____

25. What is the primary language spoken in your home? _____

26. How well do you feel the school's parental involvement policy and plan provides opportunities for effective involvement of parents to support student academic achievement?

- a) Not well at all b) Minimally well c) Quite well d) Extremely well

27. What ways can parental involvement be strengthened at your child's school?

28. What can we do to support you to ensure your child transitions through elementary and/or middle school appropriately?

29. Please indicate any skills, knowledge, work or education experience that you could share with the parents, staff or students of your child's school.

30. How can the school improve on actively involving parents and the community in the activities of our school?

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

Contact Information (OPTIONAL):

Parent/Guardian Name: _____

Email address: _____

Phone number: _____

Child's name/Grade: _____

Thank you for taking the time to complete this very important survey. Your feedback is greatly valued and sincerely appreciated.