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**Parent and Family Engagement Survey**

**2018-2019**

As we continuously seek to improve the Hall County School District, we want to know how you, as a parent/guardian or family member, feel the schools and the district are doing to meet your needs. The information that you provide will help us evaluate and improve how our schools, families and parents work together to help all students achieve academic success. All information provided is confidential and will be used to assist us with future planning for parent and family engagement activities and events in the district and schools. Your opinions and suggestions are very valuable, and we thank you for your time to complete this survey.

1. **In what grade is your child enrolled?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Kindergarten |  | * 3rd |  | * 6th |  | * 9th |  | * 12th |
| * 1st |  | * 4th |  | * 7th |  | * 10th |  |  |
| * 2nd |  | * 5th |  | * 8th |  | * 11th |  |  |

1. **What is your relationship to your child?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Mother | * Father | * Grandparent | * Aunt/Uncle | * Other |

**3. Please indicate how much you agree or disagree with the following statements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SA= Strongly Agree A=Agree DA=Disagree DK/NA=Unsure/NA | SA | A | DA | DK/NA |
| **Supportive Learning Environment** | | | | |
| My school/district promotes a positive learning and work environment |  |  |  |  |
| My school/district offers a clean and safe school environment |  |  |  |  |
| My school/district ensures all students have access to appropriate supports, interventions, and/or enrichments that impact student achievement |  |  |  |  |
| My school/district ensures school personnel are able to effectively connect students to appropriate academic supports, interventions, and or enrichments |  |  |  |  |
| My school/district supports equitable access to effective school teachers, principals, and other school leaders for all students including low-income and minority students |  |  |  |  |
| My school/district provides educational opportunities using state of the art technology |  |  |  |  |
| **Coherent Instructional System** | | | | |
| My school/district provides students with a well-rounded education, including access to an enriched curriculum and educational experiences |  |  |  |  |
| My school/district prepares students for the next academic year |  |  |  |  |
| My school/district effectively prepares students for post-secondary opportunities |  |  |  |  |
| **Effective Leadership** |  |  |  |  |
| My school/district principals and other school leaders are effective |  |  |  |  |
| My school/district prioritizes local, state, and federal funds in a way that is equitable, promotes student achievement, and is fiscally responsible |  |  |  |  |
| My school/district leadership foster an environment in which staff, parents and the community work together to improve student achievement |  |  |  |  |
| **Professional Capacity** |  |  |  |  |
| I’m aware of my community school district’s teachers, principals, and other school leaders recruiting efforts |  |  |  |  |
| My school/district employs teachers and paraprofessionals who hold professional qualifications that correspond with their teaching assignments |  |  |  |  |
| My school/district teachers are effective |  |  |  |  |
| My school/district provides opportunities for continuing education for teachers, principals and other school leaders |  |  |  |  |
| My school/district experiences low turnover for teachers, principals, and other school leaders |  |  |  |  |
| **Family and Community Engagement** | | | | |
| **Welcoming all families and community** | | | | |
| My school/district creates a welcoming environment for families |  |  |  |  |
| I’m satisfied with the way my school/district works with parents and family members |  |  |  |  |
| **Communication** | | | | |
| My school/district provide information about my child in a language that I can understand |  |  |  |  |
| I feel informed as to how my child is doing academically in school |  |  |  |  |
| I have had opportunities to visit my child’s teacher to discuss my child’s progress |  |  |  |  |
| My child’s teacher communicates with me about ways to engage in the education of my child |  |  |  |  |
| **SA= Strongly Agree= A=Agree DA=Disagree DK/NA=Unsure/NA** | **SA** | **A** | **DA** | **DK/NA** |
| **Support student success** |  |  |  |  |
| I’m confident in my ability to support my child’s learning at home |  |  |  |  |
| I’m aware of what my child is expected to learn in all subject areas |  |  |  |  |
| I have a clear understanding about the programs and courses offered for my child |  |  |  |  |
| I’m confident in my ability to help my child make choices about programs and courses he/she needs to take |  |  |  |  |
| **Empowering families** |  |  |  |  |
| I have opportunities to engage in my child's learning at school |  |  |  |  |
| I feel informed when it comes to making decisions about my child’s education |  |  |  |  |
| **Sharing leadership with families and the community** |  |  |  |  |
| My school/district consider parent input when decisions are made about the school |  |  |  |  |
| **Collaborating with the community** |  |  |  |  |
| My school/district actively seeks to engage the community members |  |  |  |  |
| My school/district actively and effectively communicates with the community members |  |  |  |  |

**4- Communication**

**Please indicate how effective each source(s) is in ensuring information about parent and family engagement workshops,**

**presentations, meetings or other information offered by the school/district.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not effective | Somewhat effective | Most effective |
| Your child |  |  |  |
| Classroom teacher |  |  |  |
| School newsletter |  |  |  |
| School website |  |  |  |
| District website |  |  |  |
| School social media (i.e., Facebook, Twitter) |  |  |  |
| District social media (i.e., Twitter) |  |  |  |
| Automated phone call |  |  |  |
| Text Message |  |  |  |
| E-mail |  |  |  |
| Newspaper |  |  |  |
| Mail |  |  |  |

|  |  |
| --- | --- |
|  |  |

**5- Building staff capacity**

Please indicate types of training that teachers, specialized instructional support personnel, principals, other school leaders and other staff could receive to be able create and effective partnership with you

|  |  |
| --- | --- |
| 🞎 Parent and family engagement importance | 🞎 Effective/ineffective parent and family engagement |
| 🞎 Obstacles and barriers to parent and family engagement | 🞎 Cultural sharing and community building |
| 🞎 Effective family-school communication | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞎 Working together to improve parent and family engagement |  |

**6- Building parent capacity**

**Would you be interested in attending a workshop at the school or in the community to receive more information about the following topics? (Choose all that apply)**

* Helping my child with math
* Advanced placement (AP) courses
* College admission planning
* College financial aid
* State adopted content standards
* Test-taking skills
* Math curriculum
* Science curriculum
* English/Language arts curriculum
* Social studies curriculum
* Helping your child succeed in school
* High school graduation requirements
* Using technology in education
* Improving my child’s reading skills
* Understanding test scores
* Georgia Milestones Assessments
* ACCESS test
* Georgia Career Cluster/Pathway courses
* Other (please indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When is the best time and day for you to attend a parent event?**

**Best time Best day**

* Before school □ Monday
* During school, before lunch □ Tuesday
* During school, after lunch □ Wednesday
* Immediately after school □ Thursday
* Evenings □ Friday

□ Saturday

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

|  |  |
| --- | --- |
| * Transportation | * Time of event |
| * Child care | * Your child not wanting you to attend |
| * Communication | * School not making parents feel welcome |
| * Family schedule | * Other (please indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**7. In the past year, how often have you helped out at your school/district?**

|  |  |  |  |
| --- | --- | --- | --- |
| * Weekly or more | * Every few months | * Once or twice a year | * Never |

**8. Are you willing to volunteer at your school/district?**

|  |  |
| --- | --- |
| * Yes | * No |

**9. What ways can parent engagement be strengthened at my school/district?**

**10. How can the school/district improve on actively involving parents and the community in the activities of the school/district?**

**If your child receives services from the ESOL program (English to Speakers of Other Languages), please complete the following questions.**

**If your child is not participating in the ESOL program, please skip to the next section.**

**1. Do you know the purpose of the ESOL program?**

|  |  |
| --- | --- |
| * Yes | * No |

**2- Have you had the opportunity to meet with your child's ESOL teacher?**

|  |  |
| --- | --- |
| * Yes | * No |

**3- I feel that the Hall County ESOL program is helping my child with ELA/Reading?**

|  |  |
| --- | --- |
| * Yes | * No |

**4- I feel that the Hall County ESOL program is helping my child with Math?**

|  |  |
| --- | --- |
| * Yes | * No |

**Invitation to Participate (OPTIONAL)**

**We welcome and value parent input in our school and district plans and policies. If you would like to be involved in the decision-making processes at the school and/or district level, please indicate your interest by responding to the questions below and providing your contact information.**

**School Decision-Making Process**

* Yes, I would like to participate in the school Parent Involvement Policy, School-Parent Compact, and School Improvement Plan development/revision and offer input into the parent involvement budget.

**District Decision-Making Process**

* Yes, I would like to participate in the Hall County School District's Parent Involvement Policy and Comprehensive LEA Improvement Plan (CLIP) development/revision and offer input into the parent involvement budget.

**Contact Information**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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