

Parent Partnership Survey

1. Mark the appropriate grade(s) in which you have children at Park View:

Guided K 1 2 3 4 5

2. When I enter the school office to meet with teachers, the principal, social worker, or other parents, I am greeted in a courteous and welcoming manner by: (check all that apply)

<input type="checkbox"/>	Teachers	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	Principal	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	Office staff	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	Social Worker	Excellent	Good	Fair	Poor	No Opinion

3. Check all that apply regarding safety at Park View:

I am aware of Park View's security policies and procedures.
 I feel that Park View is a safe and reassuring environment for my child.

4. I understand the role of the Parent-Teacher Club (PTC). YES NO

5. I feel comfortable expressing my ideas, concerns, and questions about the school and/or my child to the following individuals: (check all that apply)

<input type="checkbox"/>	Principal	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	Office staff	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	Teacher	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	PTC board member	Excellent	Good	Fair	Poor	No Opinion
<input type="checkbox"/>	other (please specify) _____					

6. The amount and content of information from the school, including the principal and teachers, is (circle one):

Excellent Good Fair Poor No Opinion

7. The best way for me to communicate and receive communication about my child from the principal, teacher, and school is by (check all that apply):

<input type="checkbox"/>	E-Mail	<input type="checkbox"/>	Newsletters
<input type="checkbox"/>	Written notes	<input type="checkbox"/>	Scheduled appointment
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Informally in person
<input type="checkbox"/>	School websites	<input type="checkbox"/>	Other (please specify) _____

8. I am actively involved with my child's education and experiences at Park View by (check all that apply):

Assisting my child with homework
 Volunteering in my child's classroom
 Volunteering to help at school events
 Fundraising

9. The obstacles that are most likely to limit my involvement are (check all that apply):

<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Work schedule
<input type="checkbox"/>	Uncertain of available opportunities	<input type="checkbox"/>	Schedule conflicts
<input type="checkbox"/>	School or teacher not open to involvement		
<input type="checkbox"/>	Other (please specify) _____		

10. I would be interested in attending and learning more from guest speakers about the following (check all that apply):

Community services and events (i.e. library, park district, civic government, resources for ESL parents)
 Educational (i.e. study skills workshop, how to help with homework, ISAT tests)
 Parenting (i.e. how to identify a teaching moment, fostering learning at home, what to expect in middle school)
 other (please specify) _____

If you have any additional comments, please write them **neatly** in the space below.

Thank you for taking the time to complete this survey. If you wish to be contacted regarding this survey, please print your name and phone number below.

Name _____

Phone _____