



## No Child Left Behind/Title I

### Parent Questionnaire

Dear Parents:

Child's Grade level

This year Title I has tried to involve you in your child's education. As we end this year's program, we need your input to help us make plans for next year.. We began this year with our annual Title I orientation meeting. The purpose of this meeting was to discuss the program and answer questions from parents. **Please complete this survey and return it to your child's teacher**

Did you attend our first Title I/ No Child Left Behind meeting or PTA/ Title I Meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel that you have a good understanding of the Title I/No Child Left Behind Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe that this program is meeting the needs of your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Workshops were held at your child's school this year. Did you attend a workshop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
There was information and activities presented during the workshops. Did you find this information	<input type="checkbox"/> Yes <input type="checkbox"/> No
to be usefull as you worked with your child at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the workshops held at a convenient time and place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not attend the workshop, was there a specific reason why you did not attend? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have had several parents express interest in workshops, which would focus on parenting skills. If these workshops were held during the school year, would you attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you invited to help develop the School Improvement Plan or one of its parts such as the Parent Involvement Plan or Safety Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you given clear information about your child's performance on end of grade tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you given a report on the performance of your child's school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for taking the time to complete this survey. You may make additional comments on the back of this survey. **(Return this survey to your child's teacher)**