Dear Parent,

We want to hear from parents, guardians, and family members of our students. Your feedback is important to us! We will use your feedback to inform our school improvement plan.

Your answers are confidential. They will only be presented together with other responses. All questions are optional.

Please answer the following questions thinking about your experience with our school over the past year If you have more than one child enrolled in this school, please think about your experience with your oldest child as you answer the questions. Although it is not required, if you prefer, you may complete multiple surveys, one for each child enrolled in our school.

There is a space at the end of the survey for additional comments.

Return this document electronically or as a hard copy to the school's main office. Thank you!

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٢	arent Survey School N	lame:					
1	What grade is your child in?						
		5	○ 6 ○ 7	8	O9 O1	0 011	12
				Strongly			Strongly
2	How much do you agree with the following	g state	ements?	Strongly Disagree	Disagree	Agree	Strongly Agree
2a	Parent activities are scheduled at times that I can	attend		0	0	0	0
2b	I know how to contact my child's teacher(s).			0	0	0	0
2c	I am treated with respect at my child's school.			0	0	0	0
2d	I am satisfied with the response I get when I conta school with questions or concerns.	act my o	child's	0	0	0	0
2e	The principal or school leader is accessible to me.	•		0	0	0	0
2f	I feel welcome at my child's school.			0	0	0	0
3	How often do the following things happen at your child's school?	lever	1-4 times a year	Monthly or about monthly	Weekly or about weekly	Daily or almost daily	Does not apply
	Adults at my child's school treat my child	_		_	_		_

3	happen at your child's school?	Never	1-4 times a year	or about monthly	or about weekly	almost daily	Does not apply
3а	Adults at my child's school treat my child with respect.	0	0	0	0	0	0
3b	My child is bullied at school.	0	0	0	0	0	0
3с	My child is treated badly at school because of his/her race/ethnicity or background.	0	0	0	0	0	0
3d	My child is treated badly at school because of his/her religion.	0	0	0	0	0	0
3е	My child is treated badly at school because of his/her gender identity.	0	0	0	0	0	0
3f	My child is treated badly at school because of his/her sexual orientation.	0	0	0	0	0	0

3	How often do the following things happen at your child's school?	Never	1-4 times a year	Monthly or about monthly	Weekly or about weekly	Daily or almost daily	Does not apply
3g	My child is treated badly at school because he/she is learning to speak English.	0	0	0	0	0	0
3h	My child is treated badly at school because he/she has a disability.	0	0	0	0	0	0
3i	My child feels safe going to and from school.	0	0	0	0	0	0
3ј	My child feels safe at school.	0	0	0	0	0	0
3k	My child's school is clean.	0	0	0	0	0	0

4	How much do you agree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree
4a	My child's school communicates with me in a language I understand.	0	0	0	0
4b	Documents sent home from my child's school are in the language I selected.	0	0	0	0
4c	My child's school communicates with me in a manner that is clear and timely.	0	0	0	0
4d	My child's school gives me information about how I can help my child be successful in school.	0	0	0	0
4e	My child's school gives me information about what my child is expected to learn.	0	0	0	0
4f	My child's school does a good job of letting me know about school rules and policies.	0	0	0	0
4g	My child's school lets me know about meetings and special school events.	0	0	0	0
4h	My child's school invites me to be included in decisions that affect my child's education.	0	0	0	0
4i	My child's school values my feedback.	0	0	0	0

5	How often does someone from your child's school do the following?	Never	1-4 times a year	Monthly or about monthly		Daily or almost daily	Does not apply
5a	Contact me about my child's achievements and successes.	0	0	0	0	0	0
5b	Provide me with regular feedback about my child's progress.	0	0	0	0	0	0
5c	Send emails, newsletters, or notes home telling me what my child is learning in school.	0	0	0	Ο	0	Ο
5d	Contact me if my child is struggling academically.	0	0	0	0	0	0
5e	Contact me if my child misbehaves or breaks school rules.	0	0	0	0	0	0
5f	Provide me with information about how to help my child with assignments.	0	0	0	0	0	0

6	How much do you agree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree
6a	My child's school has high expectations for my child's learning.	0	0	0	0
6b	My child's school meets the specific nonacademic needs of my child (for example, behavioral and social-emotional needs).	0	0	0	0
6c	Teachers at my child's school encourage my child to work hard.	0	0	0	0
6d	Teachers at my child's school give helpful comments on homework, classwork, and tests.	0	0	0	0

7	This year, how much of a challenge are these things in making sure your child attends school every day?	Not a challenge		A moderate challenge	A great challenge	Does not apply
7a	Transportation provided by the school district (school bus, van)	0	0	0	0	0
7b	Public transportation	0	0	0	0	0
7с	Family responsibilities (for example, taking care of a family member, must work)	0	0	0	0	0
7d	Unsafe walking route to school	0	0	0	0	0
7e	My child does not feel safe at school	0	0	0	0	0
7f	Chronic or ongoing medical issues	0	0	0	0	0
7g	Out-of-school suspensions	0	0	0	0	0
7h	Lack of interest in classes	0	0	0	0	0
7i	Lack of meaningful relationships with adults in the school	0	0	0	0	0
7j	Housing instability	0	0	0	0	0
7k	Involvement with child welfare system	0	0	0	0	0
7l	Peer Pressure	0	0	0	0	0

Additional Feedback

8 If you have any additional feedback you would like to provide about your child's school, please write it in the box below.