

FRANKLIN ELEMENTARY SCHOOL
1550 LINDY TERRACE
UNION, NEW JERSEY 07083
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LATEE WALTON MCCLEOD
PRINCIPAL

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Parent Involvement Survey

DEAR PARENT/GUARDIAN,

FRANKLIN ELEMENTARY SCHOOL IS A TITLE I SCHOOL, AND AS THE PARENT/GUARDIAN OF A CHILD ATTENDING A TITLE I SCHOOL YOU ARE AN IMPORTANT PART OF THE TITLE I TEAM. YOUR INPUT IS VITAL IN THE PLANNING AND IMPLEMENTATION OF THE PARENT INVOLVEMENT PROGRAM AND ACTIVITIES IN OUR SCHOOL.

THE FOCUS OF ALL TITLE I PROGRAMS IS TO HELP ELIGIBLE STUDENTS MEET THE SAME HIGH ACADEMIC ACHIEVEMENT STANDARDS EXPECTED OF ALL CHILDREN, REGARDLESS OF THEIR SOCIOECONOMIC STATUS AND BACKGROUND. THE FOLLOWING SURVEY IS **CONFIDENTIAL** AND WILL BE USED TO ASSIST US WITH FUTURE PLANNING FOR PARENTAL INVOLVEMENT ACTIVITIES AND EVENTS HERE AT FRANKLIN SCHOOL. WE APPRECIATE YOUR FEEDBACK AND THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

ALL SURVEYS MAY BE RETURNED TO YOUR STUDENT'S CLASSROOM TEACHER. OR COMPLETED ONLINE AT [HTTPS://WWW.SURVEYMONKEY.COM/R/M5HQ97H](https://www.surveymonkey.com/r/M5HQ97H)

1. PLEASE SELECT ANY OF THE FOLLOWING THAT WOULD HELP YOU PARTICIPATE MORE OFTEN IN SCHOOL FUNCTIONS, ACTIVITIES, AND PLANNING EVENTS?

- EVENTS/MEETING REMINDERS ONE WEEK BEFORE THE EVENT
 - MEETINGS/ACTIVITIES OFFERED AT VARIOUS TIMES
 - CHILD CARE PROVIDED
 - MEETINGS/ACTIVITIES OFFERED MORE THAN ONCE
 - TRANSPORTATION ASSISTANCE
 - OTHER (PLEASE DESCRIBE)
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2. WHEN IS THE BEST TIME FOR YOU TO ATTEND A SCHOOL EVENT FOR PARENTS?

- MORNINGS
- AFTERNOONS
- EVENINGS PREFERRED TIME: _____
- SATURDAY

3. WHICH OF THE FOLLOWING PREVENT YOUR CHILD FROM BEING ABLE TO PARTICIPATE IN AFTER-SCHOOL FUNCTIONS AND ACTIVITIES?

- TRANSPORTATION
- CHILD CARE
- FAMILY SCHEDULE
- TIME OF EVENTS
- OTHER (PLEASE INDICATE) _____

4. DO YOU HAVE INTERNET ACCESS?

___ YES ___ NO

5. HOW WOULD YOU LIKE TO RECEIVE INFORMATION FROM YOUR CHILD'S SCHOOL? (CHECK ALL THAT APPLY)

- LETTERS/FLYERS SENT HOME WITH CHILD
- PHONE
- EMAIL
- TEXT
- SOCIAL MEDIA
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6. HOW OFTEN DO YOU VISIT OUR SCHOOL WEBSITE?

- NEVER
- ONCE OR TWICE A YEAR
- EVERY FEW MONTHS
- WEEKLY OR MORE

7. WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?

- ENGLISH
- SPANISH
- CHINESE
- KOREAN
- FRENCH
- OTHER (PLEASE INDICATE): _____

8. WHAT TYPES OF TRAINING OR PROGRAMS TO IMPROVE STUDENT ACADEMIC ACHIEVEMENT WOULD YOU BE LIKELY TO PARTICIPATE IN IF THEY WERE OFFERED BY THE SCHOOL? (PLEASE CHECK ALL THAT APPLY.)

- EDUCATIONAL PARENT WORKSHOPS OR CLASSES
- PARENT MEETING OR PRESENTATIONS
- ONLINE PARENT CLASSES OR WEBINAR PRESENTATIONS
- SCHOOL DECISION MAKING COMMITTEES OR COUNCILS
- FAMILY LEARNING NIGHTS
- VOLUNTEERING
- MENTORING

9. WORKSHOPS AND EVENTS MAY BE OFFERED AT THE SCHOOL BASED ON THE NEEDS AND INTERESTS OF OUR PARENTS. PLEASE REVIEW THE FOLLOWING LIST OF POTENTIAL WORKSHOP TOPICS AND RANK THEM IN THE ORDER OF WHAT INTERESTS YOU THE MOST.

(1 = MOST INTERESTED, 5 = LEAST INTERESTED)

___ LITERACY NIGHT

___ MATH-SCIENCE NIGHT

___ ORGANIZATION AND STUDY SKILLS WORKSHOP

___ HOMEWORK HELP WORKSHOP

___ SOCIAL STUDIES/CURRENT EVENTS NIGHT

10. PLEASE DESCRIBE ANY HOBBIES, TALENTS, INTERESTS, OR WORK EXPERIENCES THAT YOU COULD SHARE WITH THE PARENTS, STAFF, OR STUDENTS AT YOUR CHILD'S SCHOOL.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS VERY IMPORTANT SURVEY