

2020-2021 School-level Title I Parent and Family Engagement Survey

School Name: _____ Loc. #: _____

Parent's or Family Member's Name	Telephone Number	Email Address

Directions: Please complete the 2020-2021 School-level Title I Parent and Family Engagement Survey to assist our school with the implementation of a Title I Schoolwide Program by identifying the interests and needs of your family. The results of this survey will also be utilized to help in the development of the Title I School-level Parent and Family Engagement Plan (PFEP), and future parent and family engagement activities, events, and workshops.

1. From the list below, please identify the topic(s) that you would like to receive additional information on:

- | | |
|---|---|
| <input type="checkbox"/> How to access resources for parents
<input type="checkbox"/> How to become a school volunteer

<input type="checkbox"/> How to join PFEP Review Meetings
<input type="checkbox"/> How to join the PTA/PTSA
<input type="checkbox"/> How to work with my child at home | <input type="checkbox"/> The Parent Portal
<input type="checkbox"/> Information about Title I District Advisory Council (DAC) and Parent Advisory Council (PAC)
<input type="checkbox"/> Florida State Standards and Testing Requirements
<input type="checkbox"/> The Title I Schoolwide Program
<input type="checkbox"/> Services for students with special needs
<input type="checkbox"/> Tutorial services for my child
<input type="checkbox"/> Other: _____ |
|---|---|

2. What type of workshops would you like our school to present in order to best assist you in helping your child?

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Motivation
<input type="checkbox"/> Distance Learning
<input type="checkbox"/> Academic Requirements
<input type="checkbox"/> Basic Computer Skills
<input type="checkbox"/> Building Self-Esteem
<input type="checkbox"/> Anti-Bullying
<input type="checkbox"/> Drug Awareness | <input type="checkbox"/> Cyber Bullying
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Improving Math Skills
<input type="checkbox"/> Improving Reading Skills
<input type="checkbox"/> Improving Science Skills
<input type="checkbox"/> Internet Safety
<input type="checkbox"/> Balancing my child's continuous use of technology with more physically engaging activities | <input type="checkbox"/> Learning Disabilities and Special Education
<input type="checkbox"/> Nutrition
<input type="checkbox"/> Parenting Strategies
<input type="checkbox"/> Test-Taking Strategies
<input type="checkbox"/> Raising Responsible Children |
|--|--|---|

3. What is the most convenient time for you to attend our school activities and workshops?

- Mornings (8am-12pm)
 Afternoons (12pm-3pm)
 Evenings (5pm-7pm)

4. Do you have the capability to attend workshops/meetings virtually via Zoom? Yes No

5. Do you require any special assistance during our school activities and workshops (e.g., language interpreter, handicap access/parking, sign language interpreter, etc.)?

- Yes _____ (please specify)
 No

6. What suggestions do you have to assist with the redesigning of services, activities, and effectiveness of the school? List suggestion(s) below:

Thank you for taking the time to complete this survey!