**Parent Survey**

# Topic: Parent-Involvement Opportunities

Dear Parent or Guardian:

We are in the process of planning our workshop schedule for the 2012-2013 school year. To make workshops beneficial to you, topics will be based on your interests and needs and will offer you the opportunity to ask questions from professionals in those areas of interests and needs.

Please review the topics listed on this survey and check the boxes that would be of interest to you. Return this survey to your child’s teacher by Friday December 14, 2012.

Thank you for taking time to complete this brief survey. The results will benefit us as we work to provide informative and motivating parent workshops.

Sincerely,

Nancy Rogers, Parent Involvement Coordinator, Hand-in-Hand Primary, and Garrison-Pilcher Elementary

Cheryl Mitchell, Parent Involvement Coordinator, Cross Creek Elementary and Thomas County Middle School

Yugonda Stewart, Parent Involvement Volunteer, Bishop Hall Charter School

1. I’d like to participate in a workshop that will help me become more informed as a parent / guardian regarding:

* My child’s (Children’s) Curriculum, specifically \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How to access my child’s (Children’s) grades
* Awareness of the system’s anti-bullying initiative
* Resources to support learning at home.

Other topics:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate what time would be best for a workshop:

* 8:30 a.m. – 9:30 a.m.
* Lunch Hour
* 5:00 p.m. – 6:00 p.m.
* 5:30 p.m. – 6:30 p.m.
* 6:00 p.m. – 7:00 p.m.
* 6:30 p.m. – 7:30 p.m.
* 7:00 p.m. – 8:00 p.m.
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What school does your child / children attend? (Check all that apply)

* Hand-in-Hand □ Garrison-Pilcher □ Cross Creek
* Thomas County Upper Elementary □ Thomas County Middle
* Thomas County Central High □ Bishop Hall

(OVER)

1. Would you need childcare during the workshop?

* Yes
* No

1. I have attended at least one parent activity during this school year. (Open House, Parent Night, etc.)

* Yes
* No

**Please fill out the following information:**

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would like to receive information from the Parent Involvement Coordinator through email, please complete the following.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_