



**2018-2019 Title I Parent and Family Engagement Stakeholder's Input Survey**

**Redan Middle School**

**1775 Young Road, Lithonia, GA 30058**

**(678) 874-7902**

Dear Parent/Guardian,

**Redan Middle 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 parental 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 at our school.

All surveys may be returned to **Dr. Robyne Friday in the Main Office** or completed online at **[www.redanms.dekalb.k12.ga.us/](http://www.redanms.dekalb.k12.ga.us/)**.

We appreciate your feedback and thank you for taking the time to complete this survey.

**Karen I. Davis**  
Principal

2018-2019 Title I Parent and Family Engagement Survey

Redan Middle School

1. Did you attend a meeting this school year where the goals and activities of the Title I program were discussed with parents? (Input)

Yes

No

Other

2. Have you been given opportunities to provide input into school decisions? (Input)

Feedback form

Survey

School meeting

Other

3. At the beginning of the school year, all parents were asked to sign a school-parent compact outlining the responsibilities of both the school and parents in providing the best academic experience for your child. (Compact)

Please explain which ways the school-parent compact impacted your child's education this school year? (Select all that apply) (Compact)

Parent-teacher conferences

Defines clear role and responsibilities of myself and school

Increased awareness of district and school goals

Increased awareness of school activities and events

Other: \_\_\_\_\_

4. Also, if you have any revisions you would like to have made to the School-Parent Compact, please list below. (Compact)

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5. How would you like to see the parental involvement funds used at your child's school? (Select all that apply) (1% set-aside)

Parent involvement liaison

Books and periodicals

Parent workshops

Parent and Family Resource Center

Technology equipment

Other: \_\_\_\_\_

Instructional supplies for parent use

**6. How well do you feel your child's school provides parents with opportunities to share feedback and ideas regarding the school's parental involvement program and activities?** (Policy)

- Extremely Well    Very Well    Somewhat well    Not so well    Not well at all

**7. What would help you participate more in decision making and the overall academic achievement in your child's school? (Select all that apply)** (Policy)

- More encouragement from the school to get involved  
 More information on how to get involved  
 More information about school issues to be addressed  
 More opportunities to share my opinion about school issues

Other (please explain) \_\_\_\_\_

**8. How well does the school encourage you to play a role in the school improvement planning process?** (Policy)

- Extremely Well    Very Well    Somewhat well    Not so well    Not well at all

**9. How would you prefer to receive information from your child's school? (Select all that apply)** (Policy)

- Letters/flyer, etc. sent home with students  
 Email  
 Website  
 Phone call  
 Social media  
 Text message

Other (please indicate) \_\_\_\_\_

**10. What type of informational programs would you like the school to provide for parents? (Select all that apply)** (Building Capacity, Policy)

- Homework help workshop  
 Organization and study skills workshop Technology assistance  
 Understanding Georgia Milestones Assessments  
 Understanding the state adopted standards  
 Math-Science Night  
 Reading/Literacy Night  
 Social Studies Night  
 Understanding career pathways

Other (please describe) \_\_\_\_\_

**11. How well do you feel the school creates a welcoming environment for parents?**

- Extremely Well     Very Well     Somewhat well     Not so well     Not well at all

**12. Which of the following would enable you to increase your participation in parent meetings and school activities? (Select all that apply) (Policy)**

- Childcare assistance  
 Transportation assistance  
 Morning meetings (9:00 a.m. – 12:00 p.m.)  
 Evening meetings (6:00 p.m. – 8:00 p.m.)  
 Access to information online

Other (please explain) \_\_\_\_\_

**13. What parent and family engagement topics would you like to develop with our faculty and staff to be a part of their professional development? (You may choose more than one) (Building Capacity)**

- Improving Communication Resources (Understand and appreciate the benefits of two-way communication)  
 Enhancing Student Learning Resources (Develop strategies to improve homework relevancy and engage families in student learning at home)  
 Increasing Volunteerism (Identify challenges to effective volunteer experiences and strategize solutions)  
 Supporting Decision Making and Advocacy (Ensure ALL families, including those with diverse languages and cultures, are supported and recognized for their attributes and leadership)

**14. The adult learning class that will help me support my child's learning the best is... (Building Capacity)**

- English classes                       GED Classes                       Adult reading classes  
 Parent Leadership Academy     Adult computer classes     I am not interested in adult learning classes  
 Other: \_\_\_\_\_

**15. Parent information is provided to me in a language I can understand. (E.L. Support)**

- True                       False

**15b. If your answer to number 14 is false, what is your preferred language? (E.L. Support)**

\_\_\_\_\_

**Please provide your contact information if you would like for the school to follow up with you about any feedback provided or ways to get you more involved in the school as indicated on the survey.**

Contact Information (OPTIONAL)

Parent/Guardian Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Child's name: \_\_\_\_\_

**Thank you for taking the time to complete this very important survey.  
Your feedback is greatly valued and sincerely appreciated.**