

Appendix B

**Parent Involvement Survey**

Please indicate the grade level of your child(ren) that attend Watervliet Elementary School: \_\_\_\_\_

1) I have been made aware of Academic Intervention Services at the Watervliet City School District. (Please circle one)

Strongly Disagree      Disagree      Agree      Strongly Agree

2) Which of the following methods of communication do you find useful in reviewing information on Academic Intervention Services? (Please circle all that apply)

School Website      State Website      Phone calls      Meet and Greet  
School Counselors      Newsletters      Other Parents      Other: \_\_\_\_\_

3) I have had the opportunity to be involved in my child's education. (Please circle one)

Strongly Disagree      Disagree      Agree      Strongly Agree

3a) What types of activities would you like to be involved with? (Please circle all that apply)

Classrooms lessons      After school activities      Field Trips      Other: \_\_\_\_\_

4) I am interested in being a member of a parent partnership committee. (Please circle one)

Yes      No

4a) Where would you like parent partnership meetings to be held? (Please circle all that apply)

WHS      WES      Community Location, Please specify \_\_\_\_\_

4b) When are the best times for you to participate? (Please circle one)

Mornings      Afternoons      Evenings      Weekends

5) I feel the Watervliet City School District has provided an overall positive experience for my child's education needs. (Please circle one)

Strongly Disagree      Disagree      Agree      Strongly Agree

6) I am interested in meeting with an administrator, school counselor or Math/Reading Specialist to discuss services. (Please circle one)

Very Interested      Interested      Possibly Interested      Not interested

If you would like further information, please provide contact information

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_