

**GWINNETT COUNTY PUBLIC SCHOOLS**  
**Office of Federal & Special Programs**  
**ANNUAL PARENT SURVEY 2009-2010**

The purpose of this survey is to evaluate the quality of **parent involvement** in GCPS Title I Schools. Your feedback will be used to improve parent involvement activities. Please complete **only one survey per family**, and return it to your child's homeroom teacher by February 26, 2010. You may also participate in the online survey at the following web site:

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1. My child attends \_\_\_\_\_ School.
2. I know about and understand Title I.  
 Yes  
 No
3. I am aware that my child's school receives Title I funds.  
 Yes  
 No
4. I am aware of the academic services/programs provided by Title I at my child's school.  
 Yes  
 No
5. I am aware that parents can be involved in making decisions about the Title I Program..  
 Yes  
 No
6. I am a member of the school's Title I Committee.  
 Yes  
 No
7. I am a member of the District's Title I Parent Advisory Committee.  
 Yes  
 No
8. I have participated in the District's Parent Leadership Academy.  
 Yes  
 No
9. I am aware that my child's school has a Parent Center.  
 Yes  
 No
10. The Parent Center at my child's school is open at times that are convenient for me.  
 Yes  
 No

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11. I am aware that the Parent Center provides resources for all students, including ESOL, and students with special needs.
- Yes  
 No
12. I am aware that the Parent Center Coordinator is available to assist me.
- Yes  
 No
13. If you **have visited** the Parent Center, please choose the main reason: **(Choose one.)**
- Learn strategies to help my child at home  
 Needed an interpreter  
 Check out learning materials  
 Enroll child in tutoring  
 Volunteer in the school/classroom  
 Other: *(please specify)* \_\_\_\_\_
14. If you **have not visited** the Parent Center, please choose the main reason: **(Choose one.)**
- Unaware that the Parent Center was available to me  
 Unaware of the resources available through the Parent Center  
 Parent Center hours not convenient  
 My child does not need any additional assistance  
 Other: **(please specify)** \_\_\_\_\_
15. My child's school communicates regularly with me.
- Yes  
 No
16. I prefer to receive information from my child's school by: **(Choose one.)**
- |  |   |
|--|---|
| <input type="checkbox"/> School website      | <input type="checkbox"/> Automated phone system |
| <input type="checkbox"/> Email               | <input type="checkbox"/> School newsletter      |
| <input type="checkbox"/> Student agenda book | <input type="checkbox"/> Sent home with student |
17. I receive letters/flyers about parent workshops and meetings.
- Yes  
 No
18. I have attended at least one school-related event this year.
- Yes  
 No

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19. The workshops held at my child's school have helped me to assist my child.
- Yes  
 No
20. If you have not attended any school related events, please indicate the main reason: **(choose one.)**
- Meeting times are not convenient  
 I do not have transportation  
 No childcare provided  
 I do not understand English and no interpreter is provided.  
 The school does not offer the information that I need to help my child learn at home.  
 I am not aware of any school related events.
21. My child's school has given me a copy of the following Title I documents and explained them to me:  
**(Check all that apply.)**
- GCPS Title I Parent Involvement Policy  
 School's Title I Parent Involvement Policy  
 School-Parent Compact Check out learning materials  
 Title I Action Plan (for your child's school)  
 Parent's Right to Request Teacher Qualifications  
 Family Education Rights and Privacy Act (**FERPA**)  
 Title I Complaint Procedure  
 Pupil Privacy Rights Act (**PPRA**)  
 ALL of the Above
22. Please indicate the parent involvement opportunities that your child's school has offered to you. **(Check all that apply.)**
- Title I Committee  
 Local School Council  
 School Volunteer  
 PTA  
 Workshops through the Parent Center  
 Parent/Teacher Conferences  
 Parent Leadership Academy  
 No opportunities offered  
 I do not recall the opportunities that were offered  
 Other **(please specify)** \_\_\_\_\_

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23. The resources I need most to help my child at home are: (**Choose one**)

- Educational games
- Math materials
- Books on tape/CD
- Workbooks
- Videos/DVDs
- Other (**please specify**) \_\_\_\_\_

24. I am most interested in attending workshops that give information about: (**choose only 3 topics**)

- Math
- Reading
- Writing
- Grading/promotion
- Social issues, such as: *gangs, bullying, substance abuse, financial literacy*
- Assessments/testing
- Special education
- Preparing for college
- Student health/wellness
- Homework/home learning
- Computer/internet
- Other (**please specify**) \_\_\_\_\_

25. The best time for me to attend meetings/workshops is: (**Choose one.**)

- Before the school day begins
- During the school day
- After school
- Saturday

26. Please state **your** definition of Parent Involvement in the space provided below.

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*Thank you for your valuable input.*