

## TITLE I PARENT QUESTIONNAIRE

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ School: \_\_\_\_\_

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The Title I staff believe children learn the most when a close partnership exists between home and school. We would like to offer you programs or workshops on topics of interest to you. Please fill out this survey and return it to your child's Title I teacher.

1. The best time for me to attend a program is:

9:00-11:00 a.m.       12:00 – 2:00 p.m.       6:00-8:00 p.m.  
 1:00-3:00 p.m.       5:00-7:00 p.m.       7:00-9:00 p.m.

2. The best day for me to attend is:

Monday       Tuesday       Wednesday       Thursday

3. I would attend a program on the following topics (choose up to 3 topics):

How to help my child with:

<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> “Make & Take”
<input type="checkbox"/> Writing	<input type="checkbox"/> Computers	(create learning games to use & take home)
<input type="checkbox"/> Spelling	<input type="checkbox"/> Study Skills/Note-Taking	<input type="checkbox"/> NYS Assessments
<input type="checkbox"/> College Career Readiness		<input type="checkbox"/> Report Cards

Please list any other topics or activities you would like to see offered: \_\_\_\_\_  
\_\_\_\_\_

4. I am interested in a support group for parents which would meet on a regular basis throughout the school year.

Yes       No

5. I would like someone to contact me to:

(Choose any you desire.)

Answer questions about Title I  
 Talk about the possibility of earning a GED or furthering education  
 Discuss other needs, issues, or questions  
 Suggest ideas for helping my children with reading or math  
 Learn about upcoming workshops or family programs  
 Talk about the possibility of learning English.

Comments/Suggestions:

6. What would prevent me from attending:

Transportation       Other  
 Babysitting

*Please return this questionnaire to your child's classroom teacher.*