

The Rice School

HISD Title I, Part A Parent and Family Engagement Survey, 2017–2018

1. Please indicate if the school provided you the following documents or opportunities. (Please check all that apply.)

- a. Copy of the Parent and Family Engagement Policy
- b. Copy of the School-Parent Compact
- c. Opportunities to give input on the creation of or revisions to the Parent and Family Engagement Policy and the School-Parent Compact.

Questions 2 and 3: Please respond to each statement by first indicating the type of trainings and meetings you or a family member attended (Question 2). Then, rate how helpful those trainings and meetings you or a family member attended were by placing one check mark under the category that best indicates your opinion (Question 3). Only rate trainings and meetings you or a family member actually attended.

	2. I attended the following trainings or meetings	3.			
		(a) Not helpful at all	(b) Slightly helpful	(c) Quite helpful	(d) Extremely helpful
A. Annual Title I Meeting/Title I Parent Meetings					
B. Trainings and materials to address my family's needs (e.g., child development, discipline, etc.).					
C. Trainings and materials to help my family members and me acquire education and skills, such as reading, G.E.D., E.S.L., computer skills and/or job skills, etc.					
D. Trainings and materials to help my family members and me support my child's learning at home.					
E. One on one meetings between me and the teacher, principal, assistant principal, or counselor about my child.					
F. IEP or 504 meetings for my child with a disability.					

4. Please respond to each statement by placing one check mark under the category that best indicates how often you and your family members have participated in the following activities.

	(a) Never	(b) 1 time	(c) 2-3 times	(d) At least 4 times
A. Assisted with school programs and student activities from any location at any time (e.g., school board meetings, fundraisers, sporting events, flyers/brochures, student clubs, field trips, off-campus formal/informal events and ceremonies, etc.).				
B. Attended school assemblies, performances, sporting events, ceremonies or celebrations, school board meetings, etc.				
C. Assisted administrators, teachers, and students at this school or in the classroom as a homeroom mom/dad, aide, tutor, coach, lecturer, chaperone, booster, speaker, mentor, lead/participate in club, PTO, or assisted in other ways.				

5. Please respond to each statement by placing one check mark under the category that best indicates your level of agreement with that statement.

	(a) Strongly disagree	(b) Disagree	(c) Agree	(d) Strongly agree
A. The school clearly explained the curriculum (what my child needs to know) and the assessments used to determine my child’s academic achievement to me.				
B. The school communicates with me in a timely manner about the academic progress and needs of my child.				
C. The school provides helpful suggestions on how my family and I can help improve my child’s progress.				
D. The school communicates with me in a manner that I can understand (e.g., mode of communication, language, clarity, etc.).				
E. The school has encouraged me to participate in positions such as on planning committees, advisory groups, PTO, school board, school improvement teams, etc.				
F. The school values my opinions and experiences when it comes to decisions concerning my child’s education.				
G. The school encourages me to observe my child in the classroom.				
H. The school ensures my family has opportunities to access information about community programs, services, and agencies (e.g., faith-based programs, health services, business partnerships) to meet my family’s needs.				
I. The school provides support to my family when impacted by adverse events (e.g., natural disaster, crime victim, accident, loss of employment, separation/or death of a family member, etc.).				
J. My school partners with the community (e.g., non-profit organizations, universities, businesses) to provide programs and/or supports to enhance my child’s learning experiences and skills.				
K. Campus administration does a good job running my child’s school.				
L. School staff treats me with respect.				
M. The overall climate or feeling at my child’s school is positive and helps my child learn.				
N. There is at least one teacher or other adult in this school that my child can talk to about a problem.				
O. The school gives instruction that meets the individual needs of my child.				
P. I am satisfied my child’s school is providing the skills and education necessary to be successful at the next level.				

6. Please use the checklist below to indicate barriers you experience that have prevented you from being able to participate in school functions, workshops, meetings, planning events, and other activities. (Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> a. Childcare or care of a family member | <input type="checkbox"/> g. Lack of transportation |
| <input type="checkbox"/> b. Unaware of activity or event | <input type="checkbox"/> h. Language barriers |
| <input type="checkbox"/> c. Conflict with work or personal schedule | <input type="checkbox"/> i. Not interested in participating |
| <input type="checkbox"/> d. Limitations caused by poor health or disability | <input type="checkbox"/> j. Not comfortable participating at this school |
| <input type="checkbox"/> e. Overwhelmed with other responsibilities or problems | <input type="checkbox"/> k. Other (specify): _____ |
| <input type="checkbox"/> f. Unable to access online information or notifications | _____ |

7. Please respond to each statement by placing one check mark under the category that best indicates how often you and your family members support your child’s learning at home.

	(a) Never	(b) Seldom	(c) Sometimes	(d) Usually	(e) Always
A. Helping my child complete homework and school-related projects.					
B. Monitoring my child’s screen time (e.g., television, telephone, social media, apps, etc.).					
C. Promoting my child’s participation in after-school enrichment programs or positive extracurricular activities.					
D. Encouraging my child to demonstrate and discuss what she or he is learning at school with a family member.					
E. Seeking outside resources to support my child’s learning (e.g., pay for tutors, therapists, test prep, medical devices/attention; online resources).					
F. Listening to and talking with my child about their experiences both inside and outside of school.					

8. Please use the checklist below to tell your school what it can do to improve or provide you extra help to support your child’s learning at home. (Please check all that apply.).

- | | |
|---|---|
| <input type="checkbox"/> a. Helping my child with specific subjects/courses/skill areas (e.g., reading, writing, math, technology, AP/IB, etc.) | <input type="checkbox"/> e. Helping my child on tests (e.g., class tests, STAAR, STAAR EOC, etc.) |
| <input type="checkbox"/> b. Helping with my child’s IEP or 504 Plan | <input type="checkbox"/> f. Providing textbooks to support learning at home |
| <input type="checkbox"/> c. Helping my child with social skills and peer pressure | <input type="checkbox"/> g. Providing learning materials in a manner I can understand (e.g., mode, language, clarity, etc.) |
| <input type="checkbox"/> d. Helping my child with vocation/college readiness | <input type="checkbox"/> h. Other (specify): _____ |

Demographic information

9. What racial/ethnic background do you primarily identify with? (Please choose only one below.)

- | | |
|---|---|
| <input type="checkbox"/> a. American Indian | <input type="checkbox"/> d. Hispanic/Latino |
| <input type="checkbox"/> b. Black or African American | <input type="checkbox"/> e. White |
| <input type="checkbox"/> c. Asian/Pacific Islander | <input type="checkbox"/> f. Other |

10. Is English the primary language spoken in your home? (Please choose only one below.)

- a. Yes b. No

11. Do you have a disability? (Please choose only one below.)

- a. Yes b. No

12. What is the highest level of education you have completed? (Please choose only one below.)

- | | |
|--|---|
| <input type="checkbox"/> a. Did not complete high school or G.E.D. | <input type="checkbox"/> d. Completed vocational school or associate’s degree |
| <input type="checkbox"/> b. Graduated high school or received G.E.D. | <input type="checkbox"/> e. Completed bachelor’s degree or higher |
| <input type="checkbox"/> c. Attended vocational school/college, but did not complete | |