PARENT ENGAGEMENT AND PERCEPTION SURVEY

• Use a No. 2 pencil only
CORRECT: ● INCORRECT: ✓ ✗ ◒ ◔

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Thank you for taking the time to complete this survey. Your opinions count toward creating a safe, productive school setting.
A few things you should know about the survey:
1. All of your responses are completely confidential. No one will know how you respond.
2. There are no right or wrong answers on the survey. Answer each question based on what you think or feel about the issue. While it is important to complete all items, you may skip a question if you do not wish to answer it.
3. YOU MUST USE A NO. 2 PENCIL TO COMPLETE THE FORM.
4. Do not fold, staple, paper clip or otherwise alter this form.

I. INFORMATION ABOUT MYSELF

I am the student's:	I am :	I am :
◯ Mother/Stepmother	◯ Married	◯ White
◯ Father/Stepfather	◯ Separated	◯ African American
◯ Grandmother	◯ Divorced	◯ Hispanic/Latino
◯ Grandfather	◯ Remarried	◯ Asian/Pacific Islander
◯ Guardian	◯ Single	◯ Native American
◯ Other	◯ Widowed	◯ Mixed Origin
		◯ Other

II. INFORMATION ABOUT MY CHILD

If you have more than one child in school, base all your answers on your oldest qualifying child, unless otherwise instructed.

My child is:
◯ Male
◯ Female

My child is in grade:
◯ Kindergarten ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ 11 ◯ 12

III. SCHOOL ENGAGEMENT

Please indicate how much you disagree or agree with the following:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My child goes to school prepared to put forth the required effort to learn.	◯	◯	◯	◯
2. Teachers encourage me to be an active participant in my child's education.	◯	◯	◯	◯
3. The school's principal(s) encourage me to be an active participant in my child's education.	◯	◯	◯	◯
4. Teachers give me good ideas on how to help my child continue to learn at home.	◯	◯	◯	◯
5. It is easy to contact my child's teacher when needed.	◯	◯	◯	◯
6. It is easy to contact my child's principal(s) when needed.	◯	◯	◯	◯
7. Teachers include me in decisions about my child's education.	◯	◯	◯	◯
8. The principal(s) includes me in decisions about my child's education.	◯	◯	◯	◯
9. I attend parent/teacher conferences when requested.	◯	◯	◯	◯
10. My child's school offers good instruction on the core subjects (language arts, math, science, and social studies).	◯	◯	◯	◯
11. My child's school prepares my child well for the next grade level (or college, if graduating senior).	◯	◯	◯	◯
12. My child's school does a good job of adjusting to each student's needs.	◯	◯	◯	◯

IV. FAMILY ENGAGEMENT

Please indicate how often the following occur:

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. My child attends church, synagogue, etc.	◯	◯	◯	◯	◯
2. I assist my child with his/her homework.	◯	◯	◯	◯	◯
3. I do volunteer work for my child's school.	◯	◯	◯	◯	◯
4. My child participates in community activities such as scouts, recreation teams, youth clubs, etc.	◯	◯	◯	◯	◯
5. My child participates in school activities such as band, clubs, etc.	◯	◯	◯	◯	◯
6. My child has skipped school without my permission.	◯	◯	◯	◯	◯
7. I set clear rules for my child.	◯	◯	◯	◯	◯
8. I punish my child when he/she breaks the rules.	◯	◯	◯	◯	◯
9. I attend PTA meetings.	◯	◯	◯	◯	◯

V. ACADEMIC ACHIEVEMENT (Part 1)

Please indicate how much you disagree or agree with the following:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My child makes good grades in school.	◯	◯	◯	◯
2. My child's school is a good place for him/her to learn.	◯	◯	◯	◯
3. My child takes pride in his/her academic accomplishments.	◯	◯	◯	◯
4. At my child's school, students don't care about their school grades.	◯	◯	◯	◯
5. At my child's school, students come to school prepared to learn.	◯	◯	◯	◯
6. My child's school has plenty of textbooks and other supplies for lessons.	◯	◯	◯	◯

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V. ACADEMIC ACHIEVEMENT (Part 2)

At my child's school, the following interfere with my child's learning:

	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT
7. Racial / ethnic conflict between students	○	○	○	○
8. Vandalism	○	○	○	○
9. Gang-related activity	○	○	○	○
10. Bullying (verbal, physical, emotional)	○	○	○	○
11. Cyber-bullying	○	○	○	○
12. Student absences	○	○	○	○
13. Fights and other violence	○	○	○	○
14. Alcohol and other drugs	○	○	○	○

VI. GENERAL STUDENT LIFE

At my child's school:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. Students respect their teachers.	○	○	○	○
2. My child's teacher likes being a teacher.	○	○	○	○
3. There is an atmosphere of trust and mutual respect.	○	○	○	○
4. The principal(s) enforces school rules for student conduct and backs up teachers when they need it.	○	○	○	○
5. Students have pride in their school.	○	○	○	○
6. The school is clean and kept in good condition.	○	○	○	○
7. The principals, teachers and other staff could do more to make the school a safer place.	○	○	○	○
8. Students respect each other's differences (for example, race, culture, background).	○	○	○	○
9. Teachers respect students' differences (for example, race, culture, background)	○	○	○	○

VII. STUDENT SAFETY

Please indicate how often the following occur:

	NEVER	SELDOM	SOMETIMES	OFTEN	A LOT
1. My child gets into trouble at school.	○	○	○	○	○
2. I am afraid my child will be hurt at school.	○	○	○	○	○
3. My child takes part in gang activities.	○	○	○	○	○
4. My child has been threatened with a gun, knife or club at school	○	○	○	○	○
5. My child's school sets clear rules on using drugs in school.	○	○	○	○	○
6. My child's school sets clear rules on bullying.	○	○	○	○	○

While at school, my child feels safe...

7. In the classroom	○	○	○	○	○
8. In the cafeteria (lunchroom)	○	○	○	○	○
9. In the halls	○	○	○	○	○
10. In the bathroom	○	○	○	○	○
11. In the gym	○	○	○	○	○
12. On the school bus	○	○	○	○	○
13. At school events (ballgames, etc.)	○	○	○	○	○
14. On the playground	○	○	○	○	○
15. In the parking lot	○	○	○	○	○

VIII. ALCOHOL, TOBACCO AND DRUG USE

A. During the past 30 days, has your child:

	YES	NO	DON'T KNOW
1. Smoked part or all of a cigarette?	○	○	○
2. Drunk one or more drinks of an alcoholic beverage?	○	○	○
3. Used marijauna (pot, hashish, etc.)?	○	○	○
4. Used prescription drugs not prescribed to him/her?	○	○	○

B. How wrong do you feel it is for your child to...

	NOT AT ALL WRONG	A LITTLE WRONG	WRONG	VERY WRONG
1. Smoke tobacco?	○	○	○	○
2. Have one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
3. Smoke marijuana?	○	○	○	○
4. Use prescription drugs not prescribed to him/her?	○	○	○	○

C. Think about your child's friends. Do your child's friends feel it is wrong if your child:

1. Smokes tobacco?	○	○	○	○
2. Has one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
3. Smokes marijuana?	○	○	○	○
4. Uses prescription drugs not prescribed to him/her?	○	○	○	○

IX. IMPRESSIONS ABOUT DRUG USE

How much do you think your child risks harming himself/herself (physically or in other ways):

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
1. If he/she smokes one or more packs of cigarettes per day?	○	○	○	○
2. If he/she has five or more drinks of an alcoholic beverage once or twice a week?	○	○	○	○
3. If he/she takes one or two drinks of an alcoholic beverage nearly every day?	○	○	○	○
4. If he/she smokes marijuana once or twice a week?	○	○	○	○
5. If he/she uses prescription drugs not prescribed to him/her?	○	○	○	○

X. ADDITIONAL QUESTIONS

1.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
2.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
3.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
4.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ
5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	Ⓕ	Ⓖ	Ⓗ

THANK YOU FOR YOUR PARTICIPATION

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