



1205 Cambridge Rd. Coshocton, OH 43812 740-622-3600

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## **Family Empowerment Survey**

1. Your contact information (opti	onal): Name					
Phone number Email address						
2. Please list name(s of your students attendi	ng the Coshocton Opportunity School (optional):					
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3. Please circle the extent to which you agree or disagree with each of the following statements. (If you are a new

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a	. When I walk into the school, I feel the school is inviting and this is a place where parents "belong."	1	2	3	4	5
b	. The school keeps all families informed about important issues and events.	1	2	3	4	5
c.	The school communicates with families in multiple ways (e.g., email, phone, website).	1	2	3	4	5 _
d.	The school makes it easy for families to communicate with teachers.	1	2	3	4	5
e.	The school makes it easy for families to communicate with school leaders.	1	2	3	4	5
f.	I believe my ideas are valued at my child's school.	1	2	3	4	5
g.	g. I feel informed about what my child is learning in the classroom.		2	3	4	5
h.	The school gives me useful information about how to improve my child's progress.	1	2	3	4	5
i.	The school gives me useful resources to help me support my child's learning at home.	1	2	3	4	5
j. The school connects students and families to expanded learning opportunities.		1	2	3	4	5
k.	The school connects students and families to community services.	1	2	3	4	5
I.	If the school can't help me, they will connect me to someone who can.	1	2	3	4	5

m. The school provides opportunities for families to develop relationships and raise concerns with teachers, school leaders, public officials, business leaders, and community leaders.	1	2	3	4	5
n. I feel empowered to advocate for my child's and other children's success in school.	1	2	3	4	5
o. I believe my involvement with my child's school is valued.	1	2	3	4	5
<ul> <li>p. I am satisfied with the frequency of communication coming from my child's school.</li> </ul>	1	2	3	4	5
q. The school is a place where my child feels safe and can belong.	1	2	3	4	5

4. Please circle an answer to each of the following questions.

		Not confident at all	Slightly confident	Somewhat confident	Quite confident	Extremely confident
a.	How confident are you that you can motivate your child to try hard in school?	1	2	3	4	5
b.	How confident are you in your ability to support your child's learning at home?	1	2	3	4	5
c.	How confident are you in your ability to make sure the Coshocton Opportunity School could support your child's learning needs?	1	2	3	4	5

- 5. What day(s) are best for your family for the Coshocton Opportunity School to hold family events?
- 6. What times are best for your family to attend a family event at the Coshocton School?
- 7. Please indicate the style of event you and your family are most comfortable attending (please check all that apply):
- 8. How would you prefer to communicate with the Coshocton Opportunity School?
- 9. How likely are you to recommend the Coshocton Opportunity School to another family?

		to recomm	iena the Co	isnocton O	pportunity	Jenoor to c			Extre	mely likely
Not at all I	1	2	3	4	5	6	7	8	9	10
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- 10. Please mark any of the resources or supports you'd like to see available for you as a parent/guardian at upcoming school events this year (Circle all that apply)
  - a. Housing assistance
  - b. Financial literacy program
  - c. Mental health services

d. Physical health and exercise
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_	Other	
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11. Ple	ase mar	k any of the resources or support chool at upcoming school events t	s you'd like to see ava his year (Circle all tha	ilable fo t apply)	or your student at the Coshocton
a.		mic support / tutoring	•	ii.	Access to scholarships
	i.	Reading/English		iii.	ACT and SAT prep
	ii.	Math		iv.	Access to college
	iii.	Science	c.	Home	work help/tools
	iv.	History	d.	Menta	al health resources
h	High so	chool specific	e.	Mento	oring

f. Other\_\_\_\_\_

12. Is there anything else you would like to share that would help us support your engagement with the Coshocton Opportunity School?

i. Job training and internship placement