

**NESPELEM SCHOOL DISTRICT**

**Parent Needs Assessment Survey**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this survey & return to the School. Your responses will help the District make decisions about how funds are allocated.

**Federal & State funded** (Title I/LAP ) services provided this year:  
Instructional & Behavior Assistants

**Native/Migrant/Bilingual** funded services provided last year:  
Teacher Training, Virtual & Paper Curriculum, Student Equipment

1. Were you satisfied with the Title I/LAP services provided last year?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Comments:
  
2. Were you satisfied with Migrant/Bilingual/Native staff/services provided last year?  
YES \_\_\_\_\_ NO \_\_\_\_\_ Comments:
  
3. Please list any suggestions you think may improve our programs: (i.e., training for teachers, curriculum, resources, etc.)
  
4. Please list any interventions (academic, social-emotional, etc.) you would like to see implemented during the coming year?
  
5. I think my child has made progress over the course of the past year.  
YES \_\_\_ NO \_\_\_ Comments:
  
6. I think my child has the following needs:  
YES \_\_\_ NO \_\_\_ Comments:

\*Please send this survey back to school with your student

