

Parent Fall 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 had a positive experience this past year.
YES ___ NO ___ Comments:

