

20-21 MCPS Parent Survey

1. My child/children attends/attend the following school/schools:

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2. When I walk into the school, I feel welcome.

- Always Sometimes Never
- Almost Always Rarely

3. My child/children are comfortable when asking for help from adults at school.

- Very Comfortable Comfortable Not Comfortable

4. My child feels safe while on his/her way to and from school.

- Always Sometimes Never
- Almost Always Rarely

5. The school has clear, consistent policies and rules.

- Always Sometimes Never
- Almost Always Rarely

6. I am pleased with the overall district communications received for my child/children.

- Very pleased Somewhat pleased Displeased
- Pleased Somewhat displeased Strongly displeased

7. The best ways for the school to communicate information to me are: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Text message | <input type="checkbox"/> Personal conference (face-to-face) |
| <input type="checkbox"/> Peachjar e-flyer | <input type="checkbox"/> Personal conference (virtual) |
| <input type="checkbox"/> Letters/mailings | <input type="checkbox"/> School-based workshops/meetings (face-to-face) |
| <input type="checkbox"/> Backpack newsletters/flyers | <input type="checkbox"/> Websites (district and school/teacher) |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Email | |
| <input type="checkbox"/> Skyward Family Access | |

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8. I am informed about school happenings, programs, policies, and practices.

- Yes Somewhat No

9. I would like extra information, advice, and/or guidance from the school staff on helping my child/children with: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Performing well on the Florida Standards Assessments |
| <input type="checkbox"/> Writing | <input type="checkbox"/> His/her attitude toward school |
| <input type="checkbox"/> Math | <input type="checkbox"/> Improving behavior at school and at home |
| <input type="checkbox"/> Science | <input type="checkbox"/> Social relationships and peer pressure |
| <input type="checkbox"/> Completing homework | <input type="checkbox"/> College and career planning |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Choosing appropriate courses and programs |

Other:

10. The following items prevent me from becoming involved in my child/children's school: (choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Being excused from work, work hours | <input type="checkbox"/> Interpreters needed |
| <input type="checkbox"/> Transportation issues | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Childcare | |

Other

11. In order to meet the educational needs of your child/children, provide comments or suggestions on how the school may best include you in making school-based decisions.