



2024-2025 School-level Title I Parent and Family Engagement Survey

School Name: _____ Date: _____ Loc. #: _____

Parent or Family Member's Name	Telephone Number	Email Address

Directions: Please complete the 2024-2025 School-level Title I Parent and Family Engagement Survey to assist our school with the implementation of the Title I Schoolwide Program by identifying the interests and needs of your family. The results of this survey will also be utilized to help in the development of the Title I School-level Parent and Family Engagement Plan (PFEP), and future parent and family engagement activities, events, and workshops.

1. From the list below, please identify the topic(s) that you would like to receive additional information on:

- How to access resources for parents
- How to become a school volunteer
- How to join PFEP Review Meetings
- How to join the PTA/PTSA
- How to work with my child at home
- How to request tutorial services for my child
- The Parent Portal
- Information about the Title I District Advisory Council (DAC) and Parent Advisory Council (PAC)
- Florida State Standards and Testing Requirements
- The Title I Schoolwide Program
- Services for Students with Special Needs
- Other: _____

2. What type of workshops would you like our school to present in order to best assist you in helping your child?

- Academic Motivation
- Academic Requirements
- Anti-Bullying
- Balancing my child's continuous use of technology with more physically engaging activities
- Basic Computer Skills
- Building Self-Esteem
- Cyber Bullying
- Distance Learning
- Drug Awareness
- Improving Math Skills
- Improving Reading Skills
- Improving Science Skills
- Internet Safety
- Learning Disabilities and Special Education
- Mental Health
- Nutrition
- Parenting Strategies
- Test-Taking Strategies
- Raising Responsible Children
- Virtual Meetings

3. What is the most convenient time for you to attend our school activities and workshops?

- Mornings
- Afternoons
- Evenings
- Virtual Meetings

4. Do you have the capability to attend workshops/meetings virtually via Zoom? Yes No

5. Do you require any special assistance during our school activities and workshops (e.g., language interpreter, handicap access/parking, Sign Language interpreter, etc.)?

Yes _____ (please specify) No

6. What suggestions do you have to assist with the redesigning of services, activities, and effectiveness of the school? List suggestion(s) below:

Thank you for taking the time to complete this survey.