As a parent of a student receiving Title I services, your input in regards to the planning, review, and improvement of the district’s Title I Program and Policy is important. Be sure to describe any suggestions and/or changes that you feel would be beneficial to this program and/or policy. Your feedback is greatly appreciated. Please return this survey to your child’s school via backpack by March 15, 2019.

**Title I Program:**

1. How effective (or ineffective) was the Title I program in helping your child this year? *Please explain how the program helped your child and/or how the program can be improved.*

2. How would you evaluate the Title I Program? *Please circle.*

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**Title I Parent and Family Engagement:**

1. What was your favorite parent training opportunity and why? *Please describe.*

2. What was your least favorite parent training opportunity and why? *Please describe.*

3. How would you evaluate the overall Title I Parent Training Opportunities? *Please circle.*

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**PLEASE CONTINUE SURVEY ON THE BACK**
Title I Parent and Family Engagement Policy - Content and Effectiveness:

You received a copy of this policy at the beginning of the year and it is also posted on the District’s website.

1. Do you feel that the policy meets the needs of Title I Parents? (Please ✓ box )

☐ No, the policy needs revised.

How can the Title I Parent and Family Engagement Policy be revised to meet your needs? Please describe changes/suggestions to the Parent and Family Engagement Policy

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Yes, the policy is fine as written and meets my needs as a Title I parent.

Date: __________________________

Child’s Name: __________________________

School: __________________________

Parent Name: __________________________

(Please Print)

Parent Signature: __________________________