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**BOARD MEMBERS**  
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## Parent Satisfaction and Needs Assessment Survey

*Check one school:*     Johnson Co Elem \_\_\_     Johnson Co. Middle \_\_\_     Johnson Co High \_\_\_

We value your feedback as a parent, school partner and participant in our annual needs assessment process. The survey is also available in the office of your child's school and online at [www.johnson.k12.ga.us](http://www.johnson.k12.ga.us). Responses will be summarized and analyzed in order to plan for the next fiscal year. The estimated time to complete the survey is between 3-5 minutes. Please return it to the school front office by **Monday, May 13, 2019**.



**1. From what source do you get most of your information about school? (Check one)**

- Newsletter      Friends      Children      Newspaper      Teacher  
 District & School website / Facebook Page      Principal      Phone Callout System      Other \_\_\_\_\_

**2. Do you feel informed?**  Yes    No     **If no, please explain** \_\_\_\_\_

**3. How effective are the following toward improving communication between your family and the school?**

	Good	Fair	Poor
Parent Orientations (beginning of the school year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Sign ( <i>Hwy 319 in front of JCES</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade-level orientation sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTO meetings / Curriculum nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook / Social Media / Text Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. What makes you feel welcomed at your child's school?**

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**5. How well does your child's school do the following?**

- Create a learning environment      Not well      Minimally well      Fairly well      Quite Well  
Prepare your child for the next school year?      Not well      Minimally well      Fairly well      Quite Well

*(see back for more questions)*

**6. Workshops for Parents - Building Parent Capacity:** *What workshop topic(s) do you think would support your child and your family?*

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**7. Workshops for Staff - Building Teacher Capacity:** *What workshop topic(s) do you recommend be presented to the staff to improve our effectiveness relationships with students and families?*

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**8. Where would you like these parenting programs to be held?**

- In the school       at my church       In a community/public facility       In the home of a parent in your neighborhood

**9. School Improvement / District Improvement:** *In which area(s) did you give support this year?*

- |  |  |
|--|--|
| <input type="checkbox"/> School Title I program planning (use of funds) and evaluation   | <input type="checkbox"/> Development of school parental involvement plan   |
| <input type="checkbox"/> District Title I program planning (use of funds) and evaluation | <input type="checkbox"/> Development of district parental involvement plan |
| <input type="checkbox"/> Development of school-parent compact                            | <input type="checkbox"/> School parent advisory council/committees         |
| <input type="checkbox"/> Parent-Teacher conferences                                      | <input type="checkbox"/> District parent advisory council/committees       |

**10. School Improvement / District Improvement:** *What should be the school's / district's main academic priority?*

- |  |  |
|--|--|
| <input type="checkbox"/> Leadership focused on literacy instruction                                  | <input type="checkbox"/> Instruction provided for all students to achieve        |
| <input type="checkbox"/> Instruction meeting your child's needs in math, science, and social studies | <input type="checkbox"/> Instruction with increased interventions and enrichment |
| <input type="checkbox"/> Safe Learning Environment that includes input from parents and community    | <input type="checkbox"/> Other: _____  |

**11. What is most convenient for you?**

**Day of the week**  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Time of day**  before school  during school, before lunch  during school, after lunch  immediately after school  Evenings

Alternating parent conferences times for each school (Elementary early time, Middle afternoon, High evening – then rotate the next conference day)

**12. What changes do we need to make in our Home School Compact for next year?**

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**13. What changes do we need to make in our Family Engagement Plan for next year?**

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**14. Optional**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PLEASE RETURN TO YOUR SCHOOL FRONT OFFICE or email to your school principal or Title I Director at [tecia\\_mckay@johnson.k12.ga.us](mailto:tecia_mckay@johnson.k12.ga.us)

*Updated April 8, 2019 (with parent input)*