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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. 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 **Friday, May 11, 2018**.

**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 (Open House)	<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. Do you agree with the following statements?**

	Yes	No	To some degree
I can talk openly with my child's teacher(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk openly with my child's principal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am well-informed by the school or teachers about what my child is doing at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that teachers need to be aware of home problems that may affect my child's work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Create a learning environment	<input type="checkbox"/> Not well	<input type="checkbox"/> Minimally well	<input type="checkbox"/> Fairly well	<input type="checkbox"/> Quite Well
Prepare your child for the next school year?	<input type="checkbox"/> Not well	<input type="checkbox"/> Minimally well	<input type="checkbox"/> Fairly well	<input type="checkbox"/> Quite Well

**6. As a parent, do you have trouble with any of the following?**

	Yes	No	To some degree
Your child with homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending school functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending enough time with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in to see your child's teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with your child's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing school policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivating your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(see back for more questions)*

**7. Please indicate below the types of workshops you would like to participate in to help you help your children learn.** (circle all that apply)  Help with students learning at home  Testing programs and what they mean  Improving reading skills  Improving math skills  Helping students be more responsible  Helping students be career or college focused job opportunities for students  Using technology

**8. Please indicate below the types of parenting workshops you'd like to participate in.**

- "How can I monitor my child's social media accounts? Are there apps I should know about?"
- "What is the difference between teasing and bullying? I'm concerned about my child"
- "How can I explain healthy relationships to my child and protect my child?"
- "We want our child(ren) to be tolerant of people and respect differences. What can we do?"
- "My family needs healthier eating habits. How can we encourage good child nutrition?"
- Other \_\_\_\_\_

**9. 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

**10. Would you like to volunteer in the following areas?**

Helping in your child's classroom (e.g., reading aloud, working with individual students)

Yes  No

Organizing a PTO or school event (e.g., open house, holiday programs, cultural arts fair)

Yes  No

Participating on an advisory committee (for examples, focus on curriculum and online resources)

Yes  No

Talking to students about careers or hobbies

Yes  No

Other \_\_\_\_\_

**11. Did you participate in any of the following decision making opportunities requiring parent input and partnership?**

<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

**12. 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)

**13. How can the school improve on actively involving parents and the community in the activities of the school?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Optional**

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

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

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