

Parent Survey Questions

Your school invites you to participate in a school improvement survey for parents. In this survey, you will be asked to provide feedback about your child's school. Please consider your child's current experience at school (i.e., 2022-2023 school year). This survey is designed to help school and district leadership improve their understanding of the parent/school relationship. Additionally, your responses will be combined with other parents from your child's school and summarized in a school report to further protect your anonymity. Your participation in this survey is voluntary and you have the right to discontinue participation at any point. Please return this form back in a sealed envelope to your child's school no later than March 9.

If you prefer to take this survey online – please visit www.survey.5-essentials.org/duval or scan this code:



If you have more than one (1) child, you may elect to participate multiple times. To participate multiple times, please fill out one form for each child.

For any questions or concerns about the survey content, please contact 5Essentials Client Services at 1-866-440-1874.

How many children do you have attending this school? 1 2 3 4 5 or more

Please select the grade level of your child.

<input type="checkbox"/> PK	<input type="checkbox"/> KG	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	<input type="checkbox"/> 5 th
<input type="checkbox"/> 6 th	<input type="checkbox"/> 7 th	<input type="checkbox"/> 8 th	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th

Which best describes how your child attends school right now?

<input type="checkbox"/> Remotely 100% of the time	<input type="checkbox"/> In-person 100% of the time	<input type="checkbox"/> Hybrid of remote learning and in person learning
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Do you have access to a computer that connects to the internet at home? Yes No

How many days in the past week have you accessed the internet using the following devices:

	None	1 Day	A Few Days	Almost Every Day	Every Day
Desktop or laptop computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld device (including smartphones).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gaming device (Wii/PlayStation/Xbox).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet computer (iPad/Android).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you prefer to receive information about the school/school events?

	Yes	No
Via email.	<input type="checkbox"/>	<input type="checkbox"/>
Via text message.	<input type="checkbox"/>	<input type="checkbox"/>
Via telephone.	<input type="checkbox"/>	<input type="checkbox"/>
Via mail.	<input type="checkbox"/>	<input type="checkbox"/>

How often does the staff at your child's school do the following:

	Never	Rarely	Often	Every time there is an event
Invite you to school events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make you aware of the important information and news about the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer opportunities to participate in making decisions that affect the school community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Survey Questions (continued)

How often do teachers at this school do the following:

	<i>Never</i>	<i>Once or twice a semester</i>	<i>2 – 3 times a month</i>	<i>Once a week or more</i>
Let me know what my child is working on in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact me personally to discuss my child's academic achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide suggestions for how to support my child in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to my suggestions about how to best support my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree with the following statements about this school:

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
The teachers respect me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers do their best to help my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers have my child's best interest in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable sharing my concerns with teachers at the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you feel...

	<i>Not at all</i>	<i>A little</i>	<i>Some</i>	<i>To a great extent</i>
Like a partner with the teachers at the school in your child's education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to contact your student's teachers when you need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your voice is valued at the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable sharing your concerns with the school leadership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcomed when you enter the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That you are an important part of improving the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true are the following statements:

	<i>Not at all</i>	<i>A little</i>	<i>Some</i>	<i>To a great extent</i>
My child feels safe at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is affected by bullying at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This school addresses bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers and the principal could do more to make the school a safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A teacher or other staff member lets me know if there is a problem with my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you feel that this school is preparing your child for college?(6-12 only)

<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>To a great extent</i>	<i>Not Applicable</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does the following keep you from being involved with this school?

	<i>Never</i>	<i>Rarely</i>	<i>Occasionally</i>	<i>Usually</i>	<i>Always</i>	<i>Not Applicable</i>
Access to child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program and event relevance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Events are scheduled when I cannot attend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitudes of other parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Survey Questions (continued)

How often do you do the following?

	<i>Never</i>	<i>Rarely</i>	<i>Occasionally</i>	<i>Usually</i>	<i>Always</i>	<i>Not Applicable</i>
Attend scheduled PTA meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer at the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend scheduled Parent-Teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend scheduled school events/performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise funds for the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaperone field trips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in parent safety/patrol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the quality of the following facilities at this school:

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>Does not apply</i>
Your child's classrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer lab(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gym.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall cleanliness of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you do the following with your child at home:

	<i>Never</i>	<i>Rarely</i>	<i>Occasionally</i>	<i>Usually</i>	<i>Always</i>	<i>Not Applicable</i>
Read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about their day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice math problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely are you to recommend this school to a parent looking for a school for their child?

	<i>Not at all likely</i>	<i>Somewhat likely</i>	<i>Extremely likely</i>	<i>Not applicable</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how satisfied are you with the education your child is receiving at this school?

	<i>Very dissatisfied</i>	<i>Somewhat dissatisfied</i>	<i>Somewhat satisfied</i>	<i>Very satisfied</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your race/ethnicity?

- White
- Black/ African American
- Hispanic/ Latino
- American Indian/ Alaskan Native
- Native Hawaiian or other Pacific Islander
- Multiracial
- Prefer Not to Reply

What is your level of education?

- Some high school
- High School Graduate/GED
- Some College
- Two-year degree
- Four-year degree
- Graduate (Master's or Doctoral)