

2016-2017 District-wide Parent & Guardian Survey - English

Welcome

Dear Parent or Guardian,

Thank you for filling out this year's survey. Your feedback is important to your child's school! Your answers are CONFIDENTIAL. They will only be presented together with other responses. Your and your child's name will NOT be included in any results.

All questions are optional. You must click DONE on the final page in order for your survey to count.

Please answer the following questions thinking about the child whose ID you entered and his or her school during the 2016-2017 school year.

If you have more than one student, please take the survey for each one, even if they attend the same school.

There will be a space at the end of the survey for additional comments.

The final page of the survey can be printed and saved for your records.

Sincerely,

**Office of Research and Evaluation
The School District of Philadelphia**

1. What grade is your child in?

Parent/Guardian Community Ties

2. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
Parent activities are scheduled at times that I can attend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to contact my child's teacher(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am treated with respect in my child's school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the response I get when I contact my child's school with questions or concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The principal or school leader is accessible to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome in my child's school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School Environment

3. How often do the following things happen at your child's school?

	Never	Rarely	Occasionally	Most or all of the time	Does not apply
Adults at my child's school treat my child with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is bullied at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is treated badly at school because of his/her race/ethnicity or background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is treated badly at school because of his/her religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is treated badly at school because of his/her gender identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is treated badly at school because of his/her sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is treated badly at school because he/she is learning to speak English.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is treated badly at school because he/she has a disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe going to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school is clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Parent/Guardian-Community Ties

4. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
My child's school communicates with me in a language I understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documents sent home from my child's school are in the language I selected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school communicates with me in a manner that is clear and timely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school gives me information about how I can help my child be successful in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school gives me information about what my child is expected to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school does a good job of letting me know about school rules and policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school lets me know about meetings and special school events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school invites me to be included in decisions that affect my child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school informs me about Family Workshops and Family Education opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school values my feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Parent/Guardian-Community Ties

5. How often does someone from your child's school do the following:

	Never	1-4 times a year	5-7 times a year	Monthly or about monthly (8-9 times a year)	Weekly or about weekly	Daily or almost daily	Does not apply
Contact me about my child's achievements and successes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide me with regular feedback about my child's progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send emails, newsletters, or notes home telling me what students have been learning and doing in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact me if my child is struggling academically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact me if my child misbehaves or breaks school rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide me with information about how to help my child with homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School Environment

6. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
My child's school has high expectations for my child's learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school meets the specific academic needs of my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school meets the specific non-academic needs of my child (for example, behavioral and social-emotional needs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers at my child's school encourage my child to work hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers at my child's school give helpful comments on homework, classwork, and tests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pleased with the quality of education my child's school is providing for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pleased with the before-school programs/activities my child's school offers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pleased with the after-school programs/activities my child's school offers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school provides enough opportunities for my child to get exercise (for example, gym class, sports teams or clubs, dance class).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Homework/Reading

7. How often does your child...

	Once a week or less	A few times a week	Almost every day	Every day	Don't know	Does not apply
read by him or herself outside of school (for example, at home or on the bus)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
read with you or another adult outside of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't know
My child likes to read.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers at my child's school encourage my child to read outside of school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Attendance

9. This year, how much of a challenge are these things in making sure your child attends school every day?

	A great challenge	A moderate challenge	A slight challenge	Not a challenge
Transportation provided by the School District (school bus, yellow bus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transportation (for example, SEPTA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family responsibilities (for example, taking care of a family member)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe walking route to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child does not feel safe at school (for example, is bullied or harassed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has chronic or ongoing medical issues (for example, asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you selected "other" on question 9, please use the space below to explain.

Parent and Community Engagement

11. Does your child's school have any of the following parent/guardian groups?

	Yes, and I am a member	Yes	No	Don't know
School Advisory Council (SAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home and School Association (HSA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends of ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Teacher Association (PTA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. If you selected "other" on question 11, please use the space below to explain.

Parent and Community Engagement

13. Since the beginning of the school year, has any adult in your child's household...

	Yes	No	Don't know
been invited to be part of a parent/guardian group at your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
attended a parent/guardian group meeting at your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
attended a school sponsored event at your child's school, such as a play, sports game, art show, or science fair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
served as a volunteer in your child's school or classroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parent and Community Engagement

14. My child's school offers the following services....

	Yes	No	Don't know
help getting healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help finding and/or applying for jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help getting medical care (for example, making a doctor's appointment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help getting mental health services (for example, making an appointment with a counselor or social worker)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help learning English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help getting a GED (high school diploma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help applying for social services (for example, welfare or food stamps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health and Nutrition

15. How often do you buy or choose healthy food for you and your family?

- Never
- Rarely
- Occasionally
- Most or all of the time
- Does not apply

16. How much do you agree with the following statements about healthy eating?

	Strongly Disagree	Disagree	Agree	Strongly Agree
Healthy food is available in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to shop for healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family likes healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy food is too expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Technology

17. Do you have internet at home (other than a data plan for your phone or tablet)?

- Yes
- No
- Don't Know

Technology

18. How do people in your home get on the internet? (Please check all that apply.)

- Desktop Computer
- Laptop
- iPhone, Blackberry or other smartphone
- Tablet (for example, an iPad, Kindle Fire or Nook)
- Game Console (for example, Wii, Xbox, PS2, etc.)

19. How often is the internet used in your home?

- Every day
- Almost every day
- A few times a week
- Once a week or less
- Don't know

Technology

20. Where do you use the internet? (Please check all that apply.)

I don't use the internet

At a library

At my child's school

At a community center

At a local computer lab

Other (please specify)

Additional Feedback

21. If you have any additional feedback you would like to provide about your child's school, please write it in the box below.

Thank You!

Thank you for completing the 2016-2017 District-wide Parent & Guardian Survey!

BEFORE CLICKING DONE, you may print, take a picture, or take a screen shot of this page for your records. If you would like your child's student ID to be on this page, you may enter it in the box below.

22. Student ID (optional)

23. Did someone help you with the survey? If you want to let us know who this person was, select a name from the drop down, or select "Other" and enter his or her name below.