East Allegheny School District
Title I Reading and Math
School Year 2019 - 2020

Parents: Your Opinion Counts

Federal regulations under Every Student Succeeds Act (ESSA) require parental input for the development and assessment of Title I programs. The parents, teachers, and Title 1 staff of East Allegheny School District are essential components in planning for our future at Logan Elementary School. Please complete this parent survey and return to Dr. D'Emidio, Federal Programs Coordinator, or Mrs. Piccini, Federal Programs Secretary, 1150 Jacks Run Road, North Versailles, PA 15137.

1. Do you understand the Title I Program as it presently exists?   _____Yes   ____No

2. Which way best gives you information about Title I?

    _____Newsletter   ____Meetings   _____Phone Calls   _____Other (list on back)

3. Do Title I Parent/Teacher conferences keep you informed of your child's strengths and weaknesses?

    ____Yes   _____No

4. Has your child demonstrated an improvement in reading?

    _____Yes   _____No   _____Undecided   _____N/A

5. Has your child demonstrated an improvement in math?

    _____Yes   _____No   _____Undecided   _____N/A

6. What improvement would you like to see included in the Title I Program?

7. Some of the following activities could be offered by Title I, **IF ADDITIONAL FUNDS ARE AVAILABLE**. Prioritize the following in order of importance by placing a 1, 2, 3 or 4 (1 indicating most important)

    _____Summer School program for reading and math

    _____Computers

    _____Books and materials for parent to help children with school work

    _____After School program for reading and math help

8. Check what grade level(s) you feel Title I services should be offered: (*you may check more than one*)

    ____K   ____1   ____2   ____3   ____4   ____5   ____6

9. Title I conducts workshops/meetings for parents to help their children with schoolwork. What topics would you like to have addressed?

10. What time is most convenient for you to attend parent workshops/meetings?

_____Morning   _____Afternoon   _____Evening

11. Are you interested in becoming a member of the Parent Advisory Council? (If yes, please list name and phone number and email address)   _____Yes   _____No

Name:_____   Phone:_____   Email:_____

_____   _____   Date:_____

Signature of parent/guardian (optional)   Student's name (optional)

Additional comments or suggestions: