



Caregiver Survey

Helping students do their best in school requires a team effort. Caregivers, students, and schools all play important roles in this process. To help all of us learn how to make your child's schooling experience as positive and beneficial as possible, please give us your honest, thoughtful responses to the questions below.

Perceptions of School

In this first section, we would like to learn more about some of your roles, beliefs, and attitudes as well as some of the activities that you do as the parent of a school-aged child.

1. How often do you communicate with your child's school?

- Almost never
 Once or twice per year
 Every few months
 Monthly
 Weekly or more

2. How involved have you been with a parent group(s) at your child's school?

- Not at all involved
 Slightly involved
 Somewhat involved
 Quite involved
 Extremely involved

3. In the past year, how often have you discussed your child's school with other parents from the school?

- Almost never
 Once or twice
 Every few months
 Monthly
 Weekly or more

4. In the past year, how often have you helped out at your child's school?

- Almost never
 Once or twice
 Every few months
 Monthly
 Weekly or more

5. In the past year, how often have you visited your child's school?

- Almost never
 Once or twice
 Every few months
 Monthly
 Weekly or more

Perceptions of Child

In this section, we would like to learn more about your perceptions of your child and your child's interactions with their school.

6. How much of a sense of belonging does your child feel at their school?

- No belonging at all
 A little bit of belonging
 Some belonging
 Quite a bit of belonging
 Tremendous belonging

7. How well do you feel your child's school is preparing them for their next academic year?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

8. How well do the activities offered at your child's school match their interests?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

9. At your child's school, how well does the overall approach to discipline work for your child?

- Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well



10. How comfortable is your child in asking for help from school adults?

Not comfortable at all
 Slightly comfortable
 Somewhat comfortable
 Quite comfortable
 Extremely comfortable

11. Given your child's cultural background, how good a fit is their school?

Not good at all
 Slightly good
 Somewhat good
 Quite good
 Extremely good

12. How well do the teaching styles of your child's teachers match your child's learning style?

Not well at all
 Slightly well
 Somewhat well
 Quite well
 Extremely well

13. How important is it for your student to attend school every day?

Not at all important
 Slightly important
 Somewhat important
 Quite important
 Extremely important

Engagement Barriers

How big of a problem are the following issues for becoming involved with your child's current school?

14. Childcare needs?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem

15. Transportation-related challenges?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem

16. How busy your schedule is?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem

17. School staff seem too busy?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem

18. You do not feel a sense of belonging with your child's school community?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem

19. Negative memories of your own school experience?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem

20. You worry that adults at the school will treat your child differently if you raise a concern?

Not a problem at all
 Small problem
 Medium problem
 Large problem
 Very large problem



Perceptions of School Safety

Please give us your perceptions related to the safety of your child in different situations.

21. How often do you worry about violence at your child's school?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost never | Once in a while | Sometimes | Frequently | Almost always |

22. How often do you worry about violence traveling to and from school?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Almost never | Once in a while | Sometimes | Frequently | Almost always |

23. If a student is bullied at your child's school, how difficult is it for him/her to get help from an adult?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all difficult | Slightly difficult | Somewhat difficult | Quite difficult | Extremely difficult |

24. How likely is it that someone from your child's school will bully him/her online?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all likely | Slightly likely | Somewhat likely | Quite likely | Extremely likely |

25. Overall, how unsafe does your child feel at school?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all unsafe | Slightly unsafe | Somewhat unsafe | Quite unsafe | Extremely unsafe |

Background Questions

For the final section, we need to know a bit of background information about you so that we can describe the types of families who completed the survey and the child they were reporting about.

26. Which ward do you live in?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ward 1 | Ward 2 | Ward 3 | Ward 4 | Ward 5 | Ward 6 | Ward 7 | Ward 8 | Unsure | Do not live in the District |

27. What grade is your child in?

- | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pre-Kindergarten | Kindergarten | 1st grade | 2nd grade | 3rd grade | 4th grade | 5th grade | 6th grade |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7th grade | 8th grade | 9th grade | 10th grade | 11th grade | 12th grade | Adult education program | |

28. What is your race or ethnicity?

- | | | | | | | | |
|----------------------------------|-----------------------|---------------------------|-----------------------|---|-----------------------|-------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| American Indian or Alaska Native | Asian | Black or African American | Hispanic or Latino | Native Hawaiian or Other Pacific Islander | White | Two or More Races/Ethnicities | Other |



29. What is your relationship to your child?

- Parent Grandparent Guardian Other

30. Please indicate the primary language you speak with your child currently. (Please check only one).

- Chinese English French German Italian Korean Russian
- Spanish Tagalog Vietnamese Other/multiple languages Amharic Arabic

31. Please select the highest level of education you have completed.

- Did not attend school 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade 9th grade
- 10th grade 11th grade Graduated from high school 1 year of college 2 years of college 3 years of college Graduated from a 4-year college Some graduate school Completed graduate school

SAMPLE FORM