



PARENT ENGAGEMENT SESSION

Participant Demographic Survey

Building DC's School Report Card

Directions: Please provide the following information to help OSSE understand which communities are engaged in the school report card effort. All demographic survey data is kept anonymous. Give your survey to your session facilitator when it's complete.

What ward do you live in?

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Ward 1 | <input type="checkbox"/> Ward 5 | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Ward 2 | <input type="checkbox"/> Ward 6 | <input type="checkbox"/> I don't live in DC |
| <input type="checkbox"/> Ward 3 | <input type="checkbox"/> Ward 7 | |
| <input type="checkbox"/> Ward 4 | <input type="checkbox"/> Ward 8 | |

Preferred language:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Amharic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

Which category do you identify with most?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Student | <input type="checkbox"/> Community Member |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other _____ |

I/my children attend (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> High School |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Middle | |

I/my children attend (check all that apply):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> D.C. Public Schools (DCPS) | <input type="checkbox"/> Home School |
| <input type="checkbox"/> Public Charter School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Private School | |

Do you have a child who receives special education services? (e.g., requiring an Individualized Education Program (IEP) covered under the Individuals with Disabilities Education Act)

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
|------------------------------|-----------------------------|---------------------------------------|

Which of the following best describes your race? (Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian, Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Prefer not to answer |

Are you Hispanic or Latino?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|---|