



Parent School Partnerships (MALDEF)

Evaluation Survey MODULE 1 C

Workshop Location/Child's School: _____ Date: _____

Parent Name: _____
First Last

PRE-Survey (At the beginning of class)

1. As parents of students, how much do you know about your educational rights? (Circle **one**)

1	2	3	4
Not much at all	A little	Quite a bit	A lot

2. As parents of students, how much do you know about your educational responsibilities? (Circle **one**)

1	2	3	4
Not much at all	A little	Quite a bit	A lot

3. How comfortable are you requesting services you think your child needs to succeed in school? (Circle **one**)

1	2	3	4
Not much at all	A little	Quite a bit	A lot

4. If you had an issue or a complaint with school staff, how confident are you in your ability to make sure it is properly resolved?

1	2	3	4
Not at all confident	A little bit confident	Confident	Very Confident

5. What do you expect to learn from these classes?

Please fill out the Post-Survey on the next page at the end of class when told to do so by the Instructor.



Parent School Partnerships (MALDEF)

Evaluation Survey MODULE 1 C

POST-Survey (At the END of class)

1. How would you rate **practical application or relevance** of MALDEF workshop module 1? (Circle **one**)

- | | | | | |
|----------|---------------|----------|---------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Poor | Below Average | Average | Above Average | Outstanding |

2. How would you rate the overall **usefulness** of the workshop? (Circle **one**)

- | | | | | |
|----------|---------------|----------|---------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Poor | Below Average | Average | Above Average | Outstanding |

3. How would you rate the overall **quality** of the workshop? (Circle **one**)

- | | | | | |
|----------|---------------|----------|---------------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| Poor | Below Average | Average | Above Average | Outstanding |

4. As parents of students, how much do you know about your educational rights? (Circle **one**)

- | | | | |
|-----------------|----------|-------------|----------|
| 1 | 2 | 3 | 4 |
| Not much at all | A little | Quite a bit | A lot |

5. As parents of students, how much do you know about your educational responsibilities? (Circle **one**)

- | | | | |
|-----------------|----------|-------------|----------|
| 1 | 2 | 3 | 4 |
| Not much at all | A little | Quite a bit | A lot |

6. How comfortable are you requesting services you think your child needs to succeed in school? (Circle **one**)

- | | | | |
|-----------------|----------|-------------|----------|
| 1 | 2 | 3 | 4 |
| Not much at all | A little | Quite a bit | A lot |

6. If you had an issue or a complaint with school staff, how confident are you in your ability to make sure it is properly resolved?

- | | | | |
|----------------------|------------------------|-----------|----------------|
| 1 | 2 | 3 | 4 |
| Not at all confident | A little bit confident | Confident | Very Confident |

7. What other things would you like to learn?

Thank you!