



# Parent School Partnerships (MALDEF)

ID# \_\_\_\_\_

## PRE-Survey MODULE 1

School: \_\_\_\_\_ Date: \_\_\_\_\_

Parent First Name and Last Name Initial: \_\_\_\_\_

1. How comfortable are you in making an appointment to talk to your child's teacher? (Circle **one**)

1	2	3	4
Very uncomfortable	Uncomfortable	Comfortable	Very comfortable

2. How confident are you about the questions you ask your child's teacher during Parent Teacher conference? (Circle **one**)

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

3. If your child were struggling with a subject in school, such as math or reading, what would you do **first**? Check **one** answer only.

- |  |   |
|--|---|
| <input type="checkbox"/> Speak with your child                   | <input type="checkbox"/> Speak with your Principal            |
| <input type="checkbox"/> Don't do anything and hope for the best | <input type="checkbox"/> Speak to another school staff member |
| <input type="checkbox"/> Ask your child's teacher for help       | <input type="checkbox"/> Speak to my spouse                   |
| <input type="checkbox"/> Make your child study more              | <input type="checkbox"/> Other, please specify: _____         |

4. If you had a complaint about something that occurred in your child's classroom at school, who would be the **first** person you would talk to? Check **one** answer only.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> The school principal        | <input type="checkbox"/> My child's teacher          | <input type="checkbox"/> My spouse                    |
| <input type="checkbox"/> The district superintendent | <input type="checkbox"/> The senior director         | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> The school board            | <input type="checkbox"/> Another school staff member | _____   |

5. Whose responsibility is it to successfully educate your child? Check **all that apply**.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> My family          | <input type="checkbox"/> My child's school | <input type="checkbox"/> My community     |
| <input type="checkbox"/> My child's teacher | <input type="checkbox"/> My child          | <input type="checkbox"/> All of the above |

6. How much do you know about your rights and responsibilities as a parent of children in the American school system? (Circle **one**)

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