Math Intervention/Title I Parent Survey

Parent Name (Optional) Date

1. My child has benefited from Math Intervention/Title I services.

Yes No

2. I have had opportunities to visit with Mrs. Lindner concerning the progress of my child throughout the school year.

Yes No

3. What aspects of the Math Intervention/Title I program have been most helpful for your child?

4. What recommendations do you have in regard to the Math Intervention/Title I program?

5. What type of training/program would you like to see the school provide for parents?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Health awareness |  | Parenting skills |  | ESL courses |
| Assisting with homework |  | Nutrition |  | GED courses |
| Other (please specify) |  |  |  |  |
| 6. | Comments |  |  |  |  |

Please return this survey by May 15.