

South Carolina Parent Survey

School ID							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

School Name: [SCHOOL NAME]

Parents in South Carolina who have children in selected grades are being asked to complete this survey. This survey asks you how you feel about your child's school. Since this survey will be used to help make your child's school a better place, it is very important to tell us exactly what you think. Your answers will be kept private. The school will get a summary of the survey results.

Directions: Read each statement. Decide if you agree, mostly agree, mostly disagree or disagree with the statement. Then darken the bubble beside each statement. Do not write your name or address on this survey.

MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ball point, or felt tip pens.
- Make solid marks that fill the circle completely.



CORRECT ● INCORRECT ✗

Learning Environment

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. My child's teachers give homework that helps my child learn.	<input type="radio"/>				
2. My child's school has high expectations for student learning.	<input type="radio"/>				
3. My child's teachers encourage my child to learn.	<input type="radio"/>				
4. My child's teachers provide extra help when my child needs it.	<input type="radio"/>				
5. I am satisfied with the learning environment at my child's school.	<input type="radio"/>				

Home-School Relations

1. My child's teachers contact me to say good things about my child.	<input type="radio"/>				
2. My child's teachers tell me how I can help my child learn.	<input type="radio"/>				
3. My child's teachers invite me to visit my child's classrooms during the school day.	<input type="radio"/>				
4. My child's school returns my phone calls or e-mails promptly.	<input type="radio"/>				
5. My child's school includes me in decision-making.	<input type="radio"/>				
6. My child's school gives me information about what my child should be learning in school.	<input type="radio"/>				
7. My child's school considers changes based on what parents say.	<input type="radio"/>				
8. My child's school schedules activities at times that I can attend.	<input type="radio"/>				
9. My child's school treats all students fairly.	<input type="radio"/>				
10. The principal at my child's school is available and welcoming.	<input type="radio"/>				
11. I am satisfied with home-school relations at my child's school.	<input type="radio"/>				

Social and Physical Environment

1. My child's school is kept neat and clean.	<input type="radio"/>				
2. My child's teachers care about my child as an individual.	<input type="radio"/>				
3. Students at my child's school are well-behaved.	<input type="radio"/>				
4. My child feels safe at school.	<input type="radio"/>				
5. My child's teachers and school staff prevent or stop bullying at school.	<input type="radio"/>				
6. My child's school has an anti-bullying program to prevent or deal with bullying.	<input type="radio"/>				
7. I am satisfied with the social and physical environment at my child's school.	<input type="radio"/>				

Please tell us if you do the following:

	I do this	I don't do this, but I would like to	I don't do this, and I don't care to	The school does not offer this activity/event
1. Attend Open Houses or parent-teacher conferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Attend student programs or performances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Volunteer for the school (bake cookies, help in office, help with school fundraising, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Go on trips with my child's school (out-of-town band contest, field trip to the museum, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Participate in School Improvement Council meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Participate in Parent-Teacher-Student Organizations (PTA, PTO, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Participate in school committees (textbook committee, spring carnival committee, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us if you do the following: (cont.)

- | | I do this | I don't do this, but I would like to | I don't do this, and I don't care to | The school does not offer this activity/event |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|--------------------------------------|-----------------------------------------------|
| 8. Attend parent workshops (how to help my child with school work, how to talk to my child about drugs, effective discipline, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please tell us if you do the following:

- | | I do this | I don't do this, but I would like to | I don't do this, and I don't care to |
|----------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|--------------------------------------|
| 1. Visit my child's classrooms during the school day. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Contact my child's teachers about my child's school work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Limit the amount of time my child watches TV, plays video games, surfs the Internet, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Make sure my child does his/her homework. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Help my child with homework when he/she needs it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please mark if each of the following is TRUE or FALSE.

- | | True | False |
|-------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Lack of transportation reduces my involvement. | <input type="radio"/> | <input type="radio"/> |
| 2. Family health problems reduce my involvement. | <input type="radio"/> | <input type="radio"/> |
| 3. Lack of available care for my children or other family members reduces my involvement. | <input type="radio"/> | <input type="radio"/> |
| 4. My work schedule makes it hard for me to be involved. | <input type="radio"/> | <input type="radio"/> |
| 5. The school does not encourage my involvement. | <input type="radio"/> | <input type="radio"/> |
| 6. Information about how to be involved either comes too late or not at all. | <input type="radio"/> | <input type="radio"/> |
| 7. I don't feel like it is appreciated when I try to be involved. | <input type="radio"/> | <input type="radio"/> |

Please rate your school on:

- | | Very Good | Good | Okay | Bad | Very Bad |
|--------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The school's overall friendliness. | <input type="radio"/> |
| 2. The school's interest in parents' ideas and opinions. | <input type="radio"/> |
| 3. The school's efforts to get important information from parents. | <input type="radio"/> |
| 4. The school's efforts to give important information to parents. | <input type="radio"/> |

Please answer the following questions about your child:

- What grade is your child in? 3rd 4th 5th 6th 7th 8th 9th 10th 11th
- What is your child's gender? Male Female
- What is your child's race/ethnicity? African-American/Black Hispanic Asian American/Pacific Islander
 Caucasian/White Native American Other
- What grades did your child receive on his/her last report card? All or mostly A's and B's All or mostly C's and D's
 All or mostly B's and C's All or mostly D's and F's
- Has your child been bullied at school this year? Yes No Don't know
- If yes, was your child bullied: (Mark all that apply) In classroom Other location at school At sporting events
 On-line/texting during school On the bus After school
- If yes, was your child bullied: (Mark all that apply) Physically Verbally Both

Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again physically. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

Please answer the following questions about yourself. We are asking these questions because we want to be sure that schools are including all parents. For each question, please mark only one answer. Your answers will be kept private.

- What is your gender? Male Female
- What is your race/ethnic group? African-American/Black Hispanic Asian American/Pacific Islander
 Caucasian/White Native American Other
- What is the highest level of education you have completed?

<input type="radio"/> Attended elementary/high school	<input type="radio"/> Earned Associate Degree	<input type="radio"/> Earned college degree
<input type="radio"/> Completed high school/GED	<input type="radio"/> Attended college/training program	<input type="radio"/> Postgraduate study and/or degree
- What is your family's total yearly household income? Less than \$15,000 \$25,000-\$34,999 \$55,000-\$75,000
 \$15,000-\$24,999 \$35,000-\$54,999 More than \$75,000

Thank you very much for completing this survey!