****

**1st Quarter Parent Survey**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student (mom, dad, grandma, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF ANY OF YOUR INFORMATION HAS CHANGED SINCE JULY, please update it below:**

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please phone in (circle one): English Spanish

I prefer to be contacted by (circle one): Phone call Text message/messaging app (Remind) Email

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you mark “dissatisfied” or “very dissatisfied” on any of the below questions, please give us specific feedback in the comments so that we may improve!**

1. How satisfied are you with the extent to which your child is being challenged this year?

Very dissatisfied Somewhat dissatisfied Neutral/Not sure Somewhat satisfied Very satisfied

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How satisfied are you with the academic support offered to your student this year?

Very dissatisfied Somewhat dissatisfied Neutral/Not sure Somewhat satisfied Very satisfied

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How satisfied are you with how comfortable/easy it is to contact your student’s teachers?

Very dissatisfied Somewhat dissatisfied Neutral/Not sure Somewhat satisfied Very satisfied

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you feel like you know enough about what your student is doing at Holt?

If not, what would you like to know more about?

1. Does your child enjoy his/her classes this year?
2. Does your child feel safe at school?

1. Is there something you feel your child needs from his or her teachers/school staff that he or she is NOT getting? If so, what is it?
2. At Holt, we have literacy night, Science Night, and Math Night throughout the year. What programs would you come to support? What other programs do you think we need to have?
3. *We are continuously seeking to improve and sincerely value input from families! Thank you for your support this year and for working with us to make sure your student experiences success.* **Is there anything you would like to tell us about your student, your family, or how we are doing? Please write any questions, comments, or feedback below.**