

PARENT INVOLVEMENT SURVEY

We would appreciate it if each person would fill out a separate Survey

Name _____
Preferred Contact # _____
Attending Student: _____
Relationship to student: _____

(check the boxes of interest and support)

Program Support - I would like to:

<input type="checkbox"/>	help at the Front Office with _____
<input type="checkbox"/>	assist w/ Accounting and Data Entry
<input type="checkbox"/>	cover a Quiet Room from 12-1:00 so a teacher may have Prep time
<input type="checkbox"/>	help with the Snack Program (prepared each morning from 7:30-8:30)
<input type="checkbox"/>	assist with grocery purchasing
<input type="checkbox"/>	help with Advertising and Promotion
<input type="checkbox"/>	participate on a Fundraising Committee
<input type="checkbox"/>	participate on a School Event Committee
<input type="checkbox"/>	help organize the Field Trips (mornings from 9 - 11)
<input type="checkbox"/>	make educational materials at home
<input type="checkbox"/>	Attend Field Trips as a small group supervisor
<input type="checkbox"/>	help with the school's computer and technical needs
<input type="checkbox"/>	pick up and deliver books to the Public Library
<input type="checkbox"/>	take pictures of School Events
<input type="checkbox"/>	assist w/ School Publications
<input type="checkbox"/>	help with school Events
<input type="checkbox"/>	Set-up
<input type="checkbox"/>	Clean-up
<input type="checkbox"/>	organize and be in-charge of the School Book Order Program
<input type="checkbox"/>	organize and be in-charge of the School Magazine Program
<input type="checkbox"/>	organize the School Tax Credit Program
<input type="checkbox"/>	organize the School E-Scrip Program

Classroom Support: I would enjoy helping in the following ways

<input type="checkbox"/>	Classroom teaching assistant
<input type="checkbox"/>	I have completed the necessary State requirements to be the classroom
<input type="checkbox"/>	I have not and would like a Classroom Volunteer Packet
<input type="checkbox"/>	I have attended the School Classroom Training Program
<input type="checkbox"/>	I have not and would like information as to available dates

Instructional Support - I would like to:

<input type="checkbox"/>	help with an afterschool Scouting Program: Boys: _____ Girls: _____
<input type="checkbox"/>	teach a class in the Opportunities Program: _____
<input type="checkbox"/>	do a Presentation on my Profession for Career Day
<input type="checkbox"/>	have students come to my business for Career Studies
<input type="checkbox"/>	demonstrate a musical instrument _____
<input type="checkbox"/>	share a special interest or a hobby _____
<input type="checkbox"/>	assist in the Science/History/Geography Lab during Focus Weeks
<input type="checkbox"/>	help put together the Geography Culture Boxes
<input type="checkbox"/>	share slides/pictures relating to a Geography/History/Science Lesson
<input type="checkbox"/>	help put together the Science Experiments
<input type="checkbox"/>	help with the Planting and Gardens in the Outside Learning Environment
<input type="checkbox"/>	help with school Shows and Performances
<input type="checkbox"/>	set design
<input type="checkbox"/>	costuming
<input type="checkbox"/>	rehearsal acting instruction
<input type="checkbox"/>	provide instrumental backup for the singers
<input type="checkbox"/>	assist with the sound system
<input type="checkbox"/>	help research + organize school Community Service projects
<input type="checkbox"/>	help research + organize world service projects
<input type="checkbox"/>	help research + organize school Family Events
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____