Partnering for School Success Survey

Please respond to Questions #1 and #2 to help us determine topics for discussion when we meet again.

1. Would you like information on any of the following topics? Check all that you are interested in.

   ____ Aligning values with choices and actions
   ____ Setting expectations for my children
   ____ Establishing structure at home (chores, homework, etc.)
   ____ Importance of family mealtime in establishing structure at home
   ____ Supporting learning at home, at school, and in the community
   ____ Helping my children continue learning over the summer
   ____ Using positive phrases with my children
   ____ Improving parent-child communication and relationships
   ____ Improving parent-school communication and relationships
   ____ Communicating and listening more effectively to my children
   ____ Modeling and teaching good behavior to my children
   ____ Setting and enforcing limits for my children
   ____ Monitoring my children’s behavior
   ____ Showing respect for my children
   ____ Knowing who to contact at my children’s school for different situations
   ____ Making hopes and dreams for my children’s higher education a reality
   ____ Understanding the costs of higher education
   ____ Planning for my children’s higher education
   ____ Motivating my children to graduate from high school and pursue higher education

2. Looking at the above list you checked, what are your priorities? Number your top five preferences, with “1” being your first choice and “5” being your last choice.

Please respond to Questions #3-#7 so your facilitator can pass this information on to your children’s teachers or to Extension educators.

3. How would you describe your comfort level with using technology? Check one answer.

   - [ ] Very comfortable
   - [ ] Somewhat comfortable
   - [ ] Not comfortable
4. Which of the following technology-related tasks have you done in the last six months? Check all that apply.

- Read an email from a teacher or school staff member
- Sent an email to a teacher or school staff member
- Checked the school website or class portal
- Completed an Internet search for resources related to my children’s education

5. Where do you primarily access the Internet? Check all that apply.

- Home
- Work
- Library
- Coffee shop or similar place
- Other (fill in): _________________________________
- Not applicable; I don’t use the Internet

6. How do you prefer to learn new information? Check all that apply.

- In-person class or program
- Printed resource (pamphlet, article, etc.)
- Online resource (class, resources, emailed information, etc.)
- Talking with others (parents, family members, etc.)
- Other (fill in): _________________________________

7. Please share anything else that will help us plan future programs.

Contact information

Name: __________________________________________________________________________

Children’s school(s), including location: ________________________________________________

Email address: _____________________________________________________________________

Preferred phone number: _____________________________________________________________

THANK YOU!

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