

## Van Alstyne ISD

*You Speak. We listen. We'll act.*

### Parent-School Questionnaire

*This is the first in a series of requests for feedback that the School Board will make to help understand your perspective and needs for excellent education for our children.*

How many students attend school?\_\_\_\_\_ Which schools?\_\_\_\_\_

**Please respond to the following questions by marking the answer that is closest to your view.**

*Our schools are good place to learn.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*The staff at my school is approachable.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*Communication and information from the school are timely and reliable.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*The schools are clean and safe.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*The material and supplies are adequate for learning.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*My student has access to and enjoys extra-curricular activities (clubs, trips, sports).*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*My student is treated with respect & positive regard by school teachers and staff.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*I feel included in the appropriate decision-making activities in the school.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*The quality of instruction and learning activities is excellent.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

*Students are disciplined properly at the school.*

☐ strongly agree ☐ generally agree ☐ not sure ☐ somewhat disagree ☐ strongly disagree

Would you be willing to participate in additional conversations about our schools?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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### Student-School Questionnaire

*This is the first in a series of requests for feedback that the School Board will make to help understand your perspective and needs for excellent education for our children.*

Which school do you attend? \_\_\_\_\_

Please respond to the following questions by marking the answer that is closest to your view.

*Our schools are good place to learn.*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*I am treated with respect by my teachers and administrators..*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*I know what's going on at school.*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*I participate in after-school activities..*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*Teachers and staff are easy to talk to..*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*My school is a good place for students.*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*I have enough supplies, books and access to on-line resources.*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*If a student does something wrong, they are disciplined fairly..*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*I feel safe at school..*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

*I have classes that I am interesting in and are challenging.*

☐ 0 strongly agree ☐ 0 generally agree ☐ 0 not sure ☐ 0 somewhat disagree ☐ 0 strongly disagree

Would you be willing to participate in additional conversations about our schools?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_