

Family Satisfaction Survey



Thank you for agreeing to take this survey. As a parent/caregiver, your views about your experience with {SCHOOL NAME} are very important to us. Your thoughtful answers to the following questions will help us make learning in this district a better experience for your child(ren).

Demographics

How many children do you currently have enrolled in {SCHOOL NAME}?

Select the grades in which you have children enrolled. (Select all that apply.)

pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Teacher Support

Thinking of {SCHOOL NAME} teachers and your experience with them, please circle which best indicates how you feel about the following statements.

The teachers at this school are excited about their work.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I can contact my child(ren)'s teachers easily.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The teachers keep me informed about how my child(ren) is doing in school.

Strongly Agree Agree Neutral Disagree Strongly Disagree

The teachers give me useable feedback on how I can help my child(ren) do his or her best.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Academics

With {SCHOOL NAME} academics in mind, please circle which best indicates how you feel about the following statements.

My child(ren) is engaged by his or her schoolwork this year.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I am satisfied with my child(ren)'s academic progress.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel that the curriculum was effective in teaching my child(ren).

Strongly Agree Agree Neutral Disagree Strongly Disagree

Online Learning Program

If your child(ren) utilizes an online learning program through the school, please circle which best indicates how you feel about the following statements.

My child(ren) knows what learning activities and how much time in program are expected of him or her.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

My child(ren) can confidently complete work independently in the program.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

I feel like time spent in this program is supporting my child(ren)'s individualized learning needs.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

My child(ren) is engaged and motivated by the learning experience in this program.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

Community and Culture

Thinking of your experience with {SCHOOL NAME} and its staff, and administrators, please indicate how you feel about the following statements.

I know what is expected of my child(ren) at {SCHOOL NAME}.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I think the extracurriculars, community-building activities, and other extras at {SCHOOL NAME} are aligned to my child's interests.

Strongly Agree Agree Neutral Disagree Strongly Disagree

My child(ren) feels like he or she is part of the school community.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel comfortable approaching the principal with any questions or concerns.

Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel comfortable approaching my child's teachers with any questions or concerns.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Program Adoption/At-Home Learning

Considering your family's day-to day routine with learning from home, please circle the option which you feel most accurately completes the following statements:

My child(ren) completes daily lessons:

Daily Several Times Weekly Weekly Seldom Never N/A

My child(ren) attends live lessons:

Daily Several Times Weekly Weekly Seldom Never N/A

How often did you take advantage of your child(ren)'s teacher(s) offering office hours for extra help?

Daily Several Times Weekly Weekly Seldom Never N/A

On average, how much time did you spend working with your child(ren) to complete student assignments each day?

On average, how much time did your student spend working independently on their online lessons each day?

I feel my child has adequate time/ advanced notice to complete his or her assignments on time.

Strongly Agree Agree Neutral Disagree Strongly Disagree

My child spends an appropriate amount of time on homework and/or studying.

Strongly Agree Agree Neutral Disagree Strongly Disagree

My child spends an appropriate amount of time working independently on schoolwork.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Overall Satisfaction/Reenrollment

On a scale from 1 to 10, with 10 being the highest, how likely are you to recommend {SCHOOL NAME} to a friend or family member?

1 2 3 4 5 6 7 8 9 10

What is the reason for your rating?

Do you intend to enroll your child(ren) next year?

Yes No Undecided

If you answered "No" or Undecided," please indicate the reason for your answer.

Enrollment Decision-Making Process

What characteristics of **{School Name}** stood out most to you when choosing to enroll your child(ren) here?

Which school option(s) were you using immediately prior to joining **{SCHOOL NAME}**? (Select all that apply)

Brick-and-mortar public school

Charter school (not online)

Homeschool

Private brick-and-mortar school

Private online school

N/A - My child(ren) was enrolled at this school last year.

N/A - This is my first year of schooling (kindergarten) for my child(ren).

Another virtual school (please specify)

Other _____

Which school option(s) did you consider prior to joining **{SCHOOL NAME}**? (Select all that apply)

Brick-and-mortar public school

Charter school (not online)

Homeschool

Private brick-and-mortar school

Private online school

N/A - My child(ren) was enrolled at this school last year.

N/A - This is my first year of schooling (kindergarten) for my child(ren).

Another virtual school(s) (please specify)

Other _____

Release Statement

- I authorize {SCHOOL NAME} to use my comments for promotional purposes.

Would you like to be contacted for follow up on the responses you have provided today?

Yes No

If yes, please provide the following contact information:

Name:

Email:

Phone Number:

Thank you for completing our survey!
We appreciate your time and thoughtful feedback.

