



District of Columbia Public Schools (DCPS) Parent/Guardian Survey Spring 2009

Dear Parent or Guardian,

DCPS is asking parents and guardians about their experiences with DC public schools and wants to know your level of satisfaction with DCPS. This is a confidential survey. Everyone's responses will be combined together so that no individual responses will be reported and your name will never be used. Your feedback will be used to help improve our schools and your cooperation is greatly appreciated. Please ask your child to bring this survey back to school in the enclosed envelope by **May 30**; if you prefer, you may mail it by May 30 in the enclosed postage-paid envelope. We only need you to complete one questionnaire for each school that you have a child attending; that way we can know your opinions about each school. This is a voluntary survey; you can skip any questions that you do not feel comfortable answering. DCPS hired Westat, an outside contractor, to tabulate the data and provide reports. If you have any questions regarding this survey, please email dcparents@westat.com or call 301-212-2179. The survey should take about 15 minutes to complete.

Please make sure to clearly mark your responses with an X. For each question, select the ONE response that most closely shows how you feel. Please use a black or blue pen to complete this form. Do not use a felt-tip pen or pencil. Your answers are important. Please print clearly using uppercase, block letters (for example, "WEDNESDAY").

A. The first set of questions asks about your satisfaction with the **school district (DCPS)** and **your school** overall.

This year	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
1. DCPS is on the right track for student achievement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My school is on the right track for student achievement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overall, what grade would you give this school ?	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> Don't know <input type="checkbox"/>				
4. What grade would you give the DC public school system (DCPS) ?	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> Don't know <input type="checkbox"/>				
5. Do you plan to keep your child(ren) in DC public schools?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>				
5a. If not, why not?	Moving out of DC <input type="checkbox"/> Unhappy with school system <input type="checkbox"/>				
	Other (please specify) _____ <input type="checkbox"/>				
6. Would you recommend that a friend send his or her child to this school?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

B. How satisfied are you with the following at this school:	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Don't know
1. Quality of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Academic progress of my child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical condition of the classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Safety inside the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. School's office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. School principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How the school communicates with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How DCPS communicates with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The level of parental engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



C. What aspect of your child(ren)'s school is **most important to** you? (Check only one.)

- | | | | |
|-------------------------------------|--------------------------|----------------------------------|--------------------------|
| Welcoming environment | <input type="checkbox"/> | Academics/Student Learning | <input type="checkbox"/> |
| School's leadership/Principal | <input type="checkbox"/> | Teachers | <input type="checkbox"/> |
| Safety | <input type="checkbox"/> | Facility/Building | <input type="checkbox"/> |
| Location | <input type="checkbox"/> | Other (specify) _____ | <input type="checkbox"/> |

D. How much do you agree with the following statements?

- | | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. This school keeps me regularly informed of my child(ren)'s progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Teachers contact me promptly with concerns..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I receive interpretations/translations when I need them..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The school does a good job identifying students who need additional support..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There is a good process to get students enrolled in additional services they need..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Student progress is well tracked..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No | | | |
| 7. I know DCPS's policies on <u>students'</u> rights and responsibilities..... | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8. I know DCPS's policies on <u>parents'</u> rights and responsibilities..... | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 9. I know how I can volunteer at this school..... | <input type="checkbox"/> | <input type="checkbox"/> | | | |

E. How much do you agree with the following statements about your child's school climate?

- | | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I am made to feel welcome in this school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. School staff members are helpful in answering my questions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This school applies discipline procedures fairly to all students..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This school makes student learning its # 1 priority..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This school does a good job of understanding and addressing my child(ren)'s individual learning needs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. How much do you agree with the following statements about your youngest child at this school?

- | | Strongly agree | Agree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I know what my youngest child should learn in his/her grade level.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I know how to support my youngest child's educational progress.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I am confident my youngest child will graduate from High School... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am confident my youngest child will go to college..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am confident my youngest child will be prepared for a good job... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G. Usually, how often does your youngest child at this school have:

- | | Not at all | 1-2 days/week | 3-4 days/week | 5 or more days/week |
|---|--------------------------|--------------------------|--------------------------|----------------------------|
| 1. A good night's rest (about 8 hours of sleep)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Balanced/nutritious meals (low fat, low sugar)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Someone at home check his/her schoolwork..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Conversations with you about what goes on at school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



- H.** Do you have rules for your child(ren) about any of the following? **Yes** **No**
- | | | |
|--|--------------------------|--------------------------|
| 1. Maintaining a certain grade average..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Doing homework..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Doing household chores..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Watching T.V. or computer/video game use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Going to bed..... | <input type="checkbox"/> | <input type="checkbox"/> |

- I.** Do you reward your child for good grades and behavior in school? Yes No

- J.** How satisfied are you with your interactions with the following departments/offices this year?
- | | Very satisfied | Satisfied | Unsatisfied | Very unsatisfied | Did not participate in this program |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. Bilingual education..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Special education..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Student intervention..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. After school program..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Summer school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- K.** Would you like to **participate** in the following activities at this school?
- | | Yes | No | Not available |
|---|--------------------------|--------------------------|--------------------------|
| 1. Parent Teacher Organization (PTO)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Local School Restructuring Team..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Parent workshops/information sessions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Volunteering in classroom..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Volunteering in school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- L.** What types of programs and workshops would you like the schools to provide for you as a parent/guardian? *(Please check your top 5 choices.)*
- | | |
|--|--|
| 1. Understanding the DC public school system..... <input type="checkbox"/> | 7. Getting to know your community resources <input type="checkbox"/> |
| 2. Job development..... <input type="checkbox"/> | 8. Computer literacy..... <input type="checkbox"/> |
| 3. Parent/child classes (like Mommy and me)..... <input type="checkbox"/> | 9. Family literacy..... <input type="checkbox"/> |
| 4. Finance/dealing with money..... <input type="checkbox"/> | 10. Effective discipline strategies..... <input type="checkbox"/> |
| 5. Understanding child development..... <input type="checkbox"/> | 11. Stress management..... <input type="checkbox"/> |
| 6. Parenting support groups..... <input type="checkbox"/> | 12. Other (specify) _____ <input type="checkbox"/> |

- M.** What do you think are the **biggest problems** the public schools of your community must deal with? *(Check the top 3.)*
- | | |
|---|--|
| 1. Lack of financial support/funding/money..... <input type="checkbox"/> | 6. Lack of discipline, need more control..... <input type="checkbox"/> |
| 2. Overcrowded schools..... <input type="checkbox"/> | 7. Fighting/violence..... <input type="checkbox"/> |
| 3. Gangs..... <input type="checkbox"/> | 8. Concern about standards/quality..... <input type="checkbox"/> |
| 4. Difficulty getting good teachers/quality teachers.. <input type="checkbox"/> | 9. Difficulty getting good school Leadership..... <input type="checkbox"/> |
| 5. Use of drugs..... <input type="checkbox"/> | 10. Other (specify) _____ <input type="checkbox"/> |



N. What are the best ways for the school to communicate with you? (Check all that apply.)

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. School letters sent home with child..... | <input type="checkbox"/> | 8. Teacher meetings..... | <input type="checkbox"/> |
| 2. PTO newsletters..... | <input type="checkbox"/> | 9. School bulletin board..... | <input type="checkbox"/> |
| 3. Automated phone messaging system..... | <input type="checkbox"/> | 10. Telephone call from someone at the school.. | <input type="checkbox"/> |
| 4. U.S. Mail..... | <input type="checkbox"/> | 11. Email..... | <input type="checkbox"/> |
| 5. Community based organizations..... | <input type="checkbox"/> | 12. Other parents..... | <input type="checkbox"/> |
| 6. Text messaging..... | <input type="checkbox"/> | 13. Announcements on the webpage..... | <input type="checkbox"/> |
| 7. Television and/or radio..... | <input type="checkbox"/> | 14. Other (specify) _____ | <input type="checkbox"/> |

O. What do you like most about this school? (Please print.)

P. What would you like to change at this school? (Please print.)

Q. Now we would like to know a little more about you.

1. How many of your children attend DCPS schools?
2. What grades are they in? (Please check all that apply.)
Pre-K - K 1 2 3 4 5 6 7 8 9 10 11 12
3. What is your relationship to these students?
Parent Guardian Grandparent Aunt/uncle Other family member _____
4. Are any of your children currently receiving special education services? Yes No
5. Are any of your children receiving English Language Learner (ELL) services? Yes No
6. In your household, what languages are spoken? (Please check all that apply.)
English Spanish French Chinese Vietnamese Amharic Other _____

R. How would you describe your background? (Please check all that apply.)

- | | | | | | | | |
|---------------------------|--------------------------|------------------------|--------------------------|-------------------------|--------------------------|---------------------------------|--------------------------|
| 1. African..... | <input type="checkbox"/> | 3. Asian..... | <input type="checkbox"/> | 5. Native American..... | <input type="checkbox"/> | 7. Other (please specify) | <input type="checkbox"/> |
| 2. Black/African American | <input type="checkbox"/> | 4. Latino/Hispanic.... | <input type="checkbox"/> | 6. White..... | <input type="checkbox"/> | _____ | |

S. What is your gender? Male Female

T. What ward do you live in? 1 2 3 4 5 6 7 8

U. In what wards do your children go to school? (Please check all that apply.)

- 1 2 3 4 5 6 7 8

V. What is the highest level of education you completed?

- | | | | | | |
|-----------------------|--------------------------|-------------------------------|--------------------------|------------------------------|--------------------------|
| Grades 1 – 8..... | <input type="checkbox"/> | High School graduate..... | <input type="checkbox"/> | College graduate..... | <input type="checkbox"/> |
| Some High School..... | <input type="checkbox"/> | Some College/Technical School | <input type="checkbox"/> | Post-graduate education..... | <input type="checkbox"/> |

Thank you! The information you have provided will help shape DCPS!

If you would like to provide additional comments, please email FamilyandCommunity@dc.gov or call (202) 442-5191.

