

# GEORGIA ACADEMY FOR THE BLIND

## PARENTAL INVOLVEMENT SURVEY

October 2008

Parental involvement is crucial in helping your child perform better in school. GAB needs your help in planning ways to improve opportunities for parental involvement. **The term parental involvement means the participation of parents in regular, two-way, and meaningful communication involving student academic learning and other school activities, including ensuring that:**

- (a) Parents play an integral role in assisting their child's learning
- (b) Parents are encouraged to be actively involved in their child's education at school
- (c) Parents are full partners in their child's education and are included, when appropriate, in the making as well as being a part of the advisory committees to assist in the education of their child.

Please help us in our efforts to continually improve GAB by completing the survey below. Please note that it is appropriate to circle more than one answer if needed for some of the questions below. **Please return to GAB.**

### Communication:

1. How satisfied are you with the communication from GAB?
    - a. Very Satisfied
    - b. Somewhat Satisfied
    - c. Not Satisfied
  2. What is the best way for you to receive communication from GAB?
    - a. Weekly Newsletter
    - b. Teacher phone calls
    - c. Teacher emails
    - d. US Mail
  3. What suggestions do you have for improving communications between GAB and the families?
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### Parenting:

1. If GAB offered parent workshops, which topics interest you most?
  - a. Helping with homework and class projects
  - b. Testing information/Interpreting test scores
  - c. Specific strategies for assisting, parenting, and disciplining visually impaired children
  - d. Technology for visually impaired children
  - e. Special Education Laws and Regulations
  - f. Other: \_\_\_\_\_

2. Would you be interested in having materials such as books or videos related to parenting a child with a disability available for check-out to parents?
  - a. Yes
  - b. No
  - c. Comments: \_\_\_\_\_
3. GAB has a Parent Resource Room. Has this service helped you?
  - a. Yes – how? \_\_\_\_\_
  - b. Did not know about the Resource Room
  - c. Have not found the room helpful, because: \_\_\_\_\_
  - d. What resources would you like to see included in this room?  
\_\_\_\_\_
4. In what other ways can GAB assist you in gaining information and skills needed by parents of visually impaired children? \_\_\_\_\_
5. If GAB offered parenting classes of interest to you, when could you attend?
  - a. During the school day \_\_\_\_\_
  - b. In the evenings \_\_\_\_\_
  - c. On Sunday afternoon \_\_\_\_\_
  - d. Other options \_\_\_\_\_

**Decision Making:**

1. How involved do you feel in the GAB decision making process?
  - a. Not involved
  - b. Somewhat involved
  - c. Very Involved
  - d. Comments \_\_\_\_\_
2. Circle those areas in which you would like to have decision making input **or** more information:
 

a. Instruction activities:	Input	Information
b. Residential activities	Input	Information
c. Policies and Procedures	Input	Information
d. School improvement activities	Input	Information

**Volunteering:**

1. Are you interested in volunteering opportunities at GAB?
  - a. Yes
  - b. No
  - c. Comments: \_\_\_\_\_

2. Would you be willing to come one hour before or stay hour after your child's IEP meeting to participate in volunteering opportunities such as cutting out things for teachers, assisting with decorating bulletin boards, reading a book on tape, or recording a message for the news?
  - a. Yes
  - b. No
  - c. Comments: \_\_\_\_\_
3. What are the biggest barriers for you as you consider parental involvement at GAB?
  - a. Travel distance
  - b. Time constraints
  - c. Lack of childcare
  - d. Unaware of involvement activities
  - e. Other: \_\_\_\_\_
4. In what activities would you be interested in participating?
  - a. Special events, presentations, or programs
  - b. Individual classroom activities
  - c. Parent seminars/workshops
  - d. Other: \_\_\_\_\_

**Learning at Home:**

1. In what ways can we assist you in your child's learning at home?
  - a. How to assist my child with assistive technology
  - b. How to help my child with reading
  - c. How to help my child in math
  - d. Other: \_\_\_\_\_

**Collaborating with Community:**

1. How familiar are you with community resources in your area?
  - a. Very familiar
  - b. Familiar
  - c. Not Familiar
  - d. I would like specific information on \_\_\_\_\_
2. In what ways can GAB assist you and your student with community resources?
  - a. Provide contact information
  - b. Assist in making contact
  - c. Other \_\_\_\_\_

Please include any other comments or suggestions on the back that might be helpful in improving GAB.