

Keystone Charter School Parent Survey

Student Name: _____ Grade: _____ Date: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Address: _____

As a parent or guardian, we recognize that you have valuable information and unique insights to share about your child. We value your input and the contributions that you provide to our school. This information will be used in staff meetings to help each teacher meet the needs of your child.

1. What is the best way to contact you? _____

2. What contributions or services can you offer to the school? (ex., attend meetings, volunteer, etc.)

3. What can the school staff do to best meet your child's needs?

4. What are your child's strengths?

5. How do you feel your child has done academically up to now?

6. What does the school staff need to know about your child to help him/her excel?

7. Using the numbers below, how would you rate your child's abilities (write the number on the line):

- 1. **Outstanding**
- 2. **Very Strong**
- 3. **Average**
- 4. **Below Average**

Reading Skills/Ability: _____

Writing Skills: _____

Math Skills: _____

Computer Skills: _____

Leadership Skills: _____

Speaking Skills: _____

Ability to get along with others: _____

Motivation toward school: _____

8. What would you like to see your child do after high school?

9. What concerns do you have about your child's school performance?

10. What would you like to see the school do to include parents and inform them in the educational process of their child?

11. If there is any other information that you would like to provide that would help your child and the entire school community, please inform us below.
