

6. As a parent, do you feel you need more assistance / information in any of the following areas?

	Yes	No	To some degree
Your child's homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending school functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending enough time with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to see your child's teacher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with your child's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing school policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivating your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Check the kind of resources and services you would like to see made available at the school.

- Homework hotline
- Parent resource center
- Parent support group
- Use of school library
- Computer lab
- Other _____

9. Check the community involvement that you think would most benefit your child.

- Community guest speakers
- Grades and attendance awards
- Free dental screening
- Food drive for charities

10. Please check if you would like to volunteer in the following areas:

- AM/PM Crosswalk Duty
- Reading to the class
- Decorating bulletin boards
- Making Copies
- Career Presentations
- Selling snacks at lunch for fundraiser

11. I would like to volunteer! Please contact me to schedule dates and times..

Name: _____

Phone Number: _____

Email: _____

Student's Name: _____

Student's Homeroom Teacher: _____