

FAMILY INFORMATION SURVEY

The faculty and staff of *Betterthanever School* value you as a partner in the education of your student. The information you give us in this survey will help us be in touch with you and plan events and activities that fit your schedule and your families' priorities.

1. Check the hours you work.

8 a.m. to 5 p.m. 12 on, 12 off 3 p.m. to 11 p.m.
 part-time during day 11 p.m. to 7 a.m. part-time nights, weekends
Other scheduled hours or days _____ full-time parent

2a. Can you receive personal phone calls (school related) during your work hours? yes no

2b. Can you receive personal e-mail (school related) during your work hours? yes no

3a. How many children live with you? _____ **3b. What are their ages? (Circle)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

4a. How many adults live with you? _____ **4b. What are their ages? (Circle all that apply)**

18 – 21 22 – 30 31 – 45 46 – 60 61 – 75 over 75

5. Do you have transportation to attend activities at the school? yes no

6. What is the last grade or level of education you have completed? (Circle)

1 – 8 9 – 11 12 13 14 15 16 above

7. When could you attend events or activities at the school? (check all that apply)

weekday nights Saturday weekday Sunday

8. When is the best time to contact you?

At home: mornings afternoon evenings weekends

At work: mornings afternoon evenings weekends

9. How do you learn about school information important to you and your student? (Check all that apply)

student school newsletter school sign web site
 teacher book bag email class planner friends

Betterthenever School is interested in having our parents and families become part of the life of our school. You have skills and talents, interests and experiences that we don't know about which would be valuable to the students and the school. The following questions will help us get to know you better and learn how you might contribute to the learning experiences at our school.

What hobby or special interest do you enjoy?

What would your child/children say is a special skill or talent you have?

What would your co-workers say is a skill or talent they have observed?

What would your neighbors say is a quality, skill or talent you exhibit around them?

What is your occupation?

The faculty has activities related to their teaching plans that they would appreciate having help to do. So does the school administration. Please indicate any of the activities you could do and would like to do to help us provide a better learning climate for your students. If there is something you wish to do and it's not on the list, please add it at the bottom.

- | | |
|--|---|
| <input type="checkbox"/> Organize the athletic equipment for classes | <input type="checkbox"/> Check in library books |
| <input type="checkbox"/> Put up a bulletin board with student work | <input type="checkbox"/> Set up materials for science experiment |
| <input type="checkbox"/> Monitor/watch students during presentations | <input type="checkbox"/> Greet students arriving in the morning |
| <input type="checkbox"/> Prepare snacks during PASS testing | <input type="checkbox"/> Monitor/assist students during lunch time |
| <input type="checkbox"/> Listen to a child read | <input type="checkbox"/> Call out spelling words or math facts to child |
| <input type="checkbox"/> Ride the school bus for a field trip | <input type="checkbox"/> Clean/wash equipment in chemistry lab |
| <input type="checkbox"/> Monitor/assist students leaving school | <input type="checkbox"/> Assist school nurse |
| <input type="checkbox"/> Help create a nature walk or garden area | <input type="checkbox"/> Participate in flower plantings each season |
| <input type="checkbox"/> Copy, cut, & put together class materials | <input type="checkbox"/> Collect, label, and store student materials |
| <input type="checkbox"/> Assist teachers in after school program | <input type="checkbox"/> Assist in computer lab |
| <input type="checkbox"/> Make presentation to students | <input type="checkbox"/> Demonstrate skill/career/job for students |

Other _____

Tell us about when it would be convenient for you to participate as a volunteer for our students doing one of the activities you checked in the list above. Don't forget to print your name and the best way you can be contacted. We will ask you.

When during the week is most convenient? ___ M ___ T ___ W ___ Th ___ F ___ weekend ___ night

Do you have transportation to get to school if the activity you want to do needs to be at the school? ___ Y ___ N

Name (print clearly) _____ **Phone or email** _____