

**Stakeholder Input and Satisfaction Survey – Family (SISS Family) version 0.1**

We would like to hear about how you feel about our school. We will use your answers to find ways we can improve our school. You do not have to answer all of the questions.

This survey is anonymous – nobody will know that your answers came from you.

Please answer these questions:

Please indicate the grade of your student or students (mark all that apply)	<input type="checkbox"/> K <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> I prefer not to answer
Is your student enrolled in any of these programs? (mark all that apply)	<input type="checkbox"/> Special Education Program or has an Individual Education Program (IEP) <input type="checkbox"/> Gifted program or Honors/Advanced Placement courses <input type="checkbox"/> Not applicable, not sure, or prefer not to answer
Your Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to answer
Your Ethnicity	<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a <input type="checkbox"/> I prefer not to answer
Your Race	Select one or more options to indicate your race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to answer
Your Ethnic Identity	Beyond that, is there another ethnic group with which you identify? <input type="checkbox"/> _____ <input type="checkbox"/> I prefer not to answer

Please choose an answer, circle YES or NO, or fill in the blanks for the following questions:

**COMMUNICATION (How we tell you about what's happening at school)**

How would you MOST prefer to receive information about your child's classroom or school activities?

- Daily/weekly schedule of classroom activities
- Newsletter
- Notes home (on paper)
- Board in the entryway or outside of classroom
- Family handbook of program policies
- School website, Facebook page, or Twitter
- E-mails
- Text messages

How would you MOST prefer to receive information specifically about your child at school?

- Parent-teacher conferences
- Individual face-to-face meetings (outside of parent-teacher conferences)
- Individual phone or video (e.g., Skype) conversations
- Notes home (on paper)
- E-mails
- Text messages

**RESPECT (How we treat each other)**

Are staff at our school respectful to you? YES / NO

Are staff at our school respectful to your child? YES / NO

**CONNECTIONS (How close you feel to our school)**

Do you like our school? YES / NO

Do you feel welcome at our school? YES / NO

Do you feel welcome in your child's classroom(s)? YES / NO

Do you feel connected to the teachers and staff? YES / NO

If your child has a problem, is there someone at our school you would talk to? YES / NO

**SHARED DECISION-MAKING (How our school gets your input)**

Do teachers and staff ask your input for decisions about your child specifically? YES / NO

Do teachers and staff ask your input for school-wide decisions? YES / NO

In what decisions would you like to provide more input? \_\_\_\_\_

**EXPECTATIONS** (How our staff want your child to behave at school)

*Our school has a brief set of school-wide expectations for behavior that are brief and positively worded so that students learn what to do instead of just what not to do.*

Are our staff clear about how they want your child to behave at school? YES / NO

Are the expectations for your child's behavior at school the same as they are in your home?

YES / NO

If they are not the same, what is different about your expectations at home? \_\_\_\_\_

\_\_\_\_\_

Are our school's expectations for student behavior meaningful or important to you? YES / NO

Why or why not? \_\_\_\_\_

\_\_\_\_\_

If not, what do you think they should be? \_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT SYSTEMS** (How our staff tell your child they are doing a good job)

Do you know if school staff rewarded or praised your child for following the school behavior expectations in the past month? YES / NO

Has anyone from the school contacted you to tell you about your child behaving well this year?

YES / NO

**DISCIPLINE SYSTEMS** (How our staff respond to unwanted student behavior)

Has our school contacted you before behavior problems get out of hand? YES / NO / N/A

Have our staff been clear about what would happen if your child breaks the rules? YES / NO

Do you think that our school discipline systems are fair to your child? YES / NO

If not, what could be done to make things more fair? \_\_\_\_\_

\_\_\_\_\_

Do you think that our school discipline systems are fair to all students? YES / NO

If not, what could be done to make things more fair? \_\_\_\_\_

\_\_\_\_\_

**RESOURCES AND SUPPORT FOR YOU** (How our school can help you)

If our school offered workshops, what topics would you be interested in (check all that apply)?

- Academic supports and opportunities at my child's school
- Daily routines (e.g., getting up in the morning)
- Helping my child respond to frustration
- Helping my child with homework
- Limit setting
- Leisure activities
- Making and keeping friends
- Other: \_\_\_\_\_

When would be the best time for you to come to workshops (check all that apply)? \_\_\_\_\_

- Weekday mornings before school
- Weekdays during school hours
- Weekdays after school
- Weekday evenings
- Saturday morning
- Saturday afternoon
- Saturday evening
- Sunday morning
- Sunday afternoon
- Sunday evening

Where would be the best place to hold a workshop?

- Your child's school
- Another school (e.g., high school)
- Community center
- Local restaurant
- Other: \_\_\_\_\_

What could our school do to help you be able to attend the workshops (such as free child care)?

\_\_\_\_\_

What are other ways our school could help support your family? \_\_\_\_\_

\_\_\_\_\_

**SHARING YOUR CULTURE**

Would you be willing to come and share your families' culture, history, and traditions with your child's class as it relates to content, such as bringing in cultural items? (If so, please tell your child's teacher)

YES / NO

**SATISFACTION** (How happy you are with your child's school)

Overall, does our school do a good job with behavior?

YES / NO

**YOUR PERSPECTIVE** (What you think should be done)

The biggest problem with behavior in our school is: \_\_\_\_\_

\_\_\_\_\_

One thing teachers and staff could do to improve behavior in our school is:

\_\_\_\_\_

One thing teachers and staff are doing in our school that they should keep doing is:

\_\_\_\_\_

THANK YOU FOR YOUR TIME!