



FIRELANDS LOCAL SCHOOL DISTRICT

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Dear Parent/Guardian:

We would like your comments on the Title I program in your child’s school. When you have completed this form, simply seal it in an envelope and return it to your child’s Title I Teacher by June 6, 2017. Thank You!

Title I Program Parent Survey 2016-2017

School my child attends: _____ Grade _____

Directions: Please circle one answer for each statement below.

1. The Title I program has helped my child gain confidence.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I was given information on my child’s progress.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. My child is doing better in reading since attending the Title I program.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. My child enjoyed participating in the Title I program.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. Overall I was satisfied with the Title I program.	Strongly Agree	Agree	Disagree	Strongly Disagree

Please share any comments you may have about the Title I program for your child.:-
