



FIRELANDS LOCAL SCHOOL DISTRICT

112 North Lake Street South Amherst, Ohio 44001-2824

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Mike Von Gunten

Lori Roemer

Keri Angney

Superintendent

Director of Educational Services

Treasurer

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 the envelope provided and return it to your child’s Title I Teacher by _____. Thank You!

Title I Program

Parent Survey

2018-2019

School my child attends: _____ Grade _____

Directions: Please circle one answer for each statement below.

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|---|-----------------------|--------------|-----------------|--------------------------|
| | | | | |
| 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.