

# TITLE I SURVEY

Name \_\_\_\_\_ Your Child's Name \_\_\_\_\_

We would appreciate input and feedback on the services of the Title I program in order to better meet your needs and increase parent involvement. **Please return this form to your child's teacher/reading teacher.**

## Reading Resource Center

- What day of the week and time is most convenient for you to use a resource center? Please check all that apply.

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri \_\_\_\_\_

Morning (8:15-8:30) \_\_\_\_\_ Afternoon (3:10-3:25) \_\_\_\_\_

- What kinds of materials would you be most interested in borrowing from Title I? Please check all that apply.

Word Cards \_\_\_\_\_

Reading Strategies \_\_\_\_\_

Leveled Books \_\_\_\_\_

Information Books \_\_\_\_\_

Manipulatives \_\_\_\_\_

Other (please specify) \_\_\_\_\_

## Parent Workshops

- Would you be interested in attending workshops designed to give you tips and strategies on how to help your child become a better reader and writer?

Yes \_\_\_\_\_ No \_\_\_\_\_

- What topics would you like to have discussed at these workshops?

Oral Reading Strategies \_\_\_\_\_ Comprehension Strategies \_\_\_\_\_

Homework Helps \_\_\_\_\_ Technology/Apps \_\_\_\_\_

Other (Please specify) \_\_\_\_\_