GaPMP Family Engagement Framework
Family Pre-Post Survey

Parent/Family member name: __________________________ Date: ________________
Child’s name: __________________________ Current grade: ______ Age: ______
County or System: __________ Name of School: ________________

*Identification information: Use a name, number, initials or other identifier to keep confidentiality. Be sure to use the same identifier on pre and post survey.

Check the answer that best describes your feeling on each area as it applies to your child.

1. My child and I are connected to one or more school or community resources to meet my child’s academic or personal goals.
   ○ Strongly agree
   ○ Agree
   ○ Disagree
   ○ Strongly disagree

2. My child’s goals are communicated between me and the school regularly to support his/her success.
   ○ Strongly agree
   ○ Agree
   ○ Disagree
   ○ Strongly disagree

3. My child and I have been informed of choices and decisions we need to make that will lead to high school diploma.
   ○ Strongly agree
   ○ Agree
   ○ Disagree
   ○ Strongly disagree

4. I am considered an equal partner with teachers and other professionals in planning and making decisions about my child’s program.
   □ Strongly agree
   □ Agree
   □ Disagree
   □ Strongly disagree

5. My child and I are working together at home using tools provided to us to reach academic and personal goals.
   ○ Strongly agree
   ○ Agree
   ○ Disagree
   ○ Strongly disagree