



Georgia
Parent Mentor
Partnership

2024-2025 Ga Parent Mentor Partnership Family Engagement Framework

Family Pre-Post Survey

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.

Parent/Family member name, number, initials or other identifier

First Name

Last Name

Child's name, number, initials or other identifier

First Name

Last Name

Current grade

 

Age of child/student

Please Select



School System or County

Please Select



Name of school

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 at least one school or community resource to help reach my child's academic or personal goals.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2. There is regular communication between me and the school about my child's goals and how they 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 a 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

6. My child has regular opportunities to improve language development at home.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

7. I understand the impact of school attendance on my child's education.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

8. I feel adequately prepared to participate in my child's IEP team meeting.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Submit