



Family Survey

Welcome to your survey! We need your feedback to help your child(ren)'s school be the best it can be. If you have more than one child at the school, we ask that you take the survey about your oldest child's experiences at the school. No one at the school will be able to connect your answers back to you, so please answer the questions below as honestly as possible. Thank you in advance for your thoughtful responses.

School Environment

In this section, we would like to learn more about your overall perceptions of your child's school.

	Yes	No
1. Is there someone in your child's school whom you can go to with questions about your child?	<input type="radio"/>	<input type="radio"/>
2. Has your child ever been so stressed or overwhelmed that they were not able to participate in regular activities?	<input type="radio"/>	<input type="radio"/>

	Never	Once	A couple of times	Many times	Regularly
3. During this school year, how often has the same student or group of students physically hurt your child on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. During this school year, how often has the same student or group of students called your child names or teased them in a way that made them feel uncomfortable, embarrassed, excluded, or hurt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. During this school year, how often has the same student or group of students spread rumors about your child or falsely accused them of something?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. During this school year, how often has the same student or group of students said hurtful or threatening things about your child on social media or over email?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. If your child was the repeated target of any of the experiences described in questions 3-6, did you report it to a school administrator?

Yes

No

N/A - my child was not the target of any of these experiences

8. How clearly are school rules communicated to you?

Not clearly at all

Slightly clearly

Somewhat clearly

Quite clearly

Extremely clearly



9. Does your child's school provide learning opportunities about supporting your child's academic achievement? (For example College/High School Information Nights, orientations, Back to School Nights, math nights, etc.)

Yes No

10. How often do you feel you are treated poorly by staff at your child's school because of your race, ethnicity, culture, gender, socio-economic status, disability or sexual orientation?

Never Almost never Once in a while Sometimes Frequently always Almost always

	Not at all respectful	Slightly respectful	Somewhat respectful	Quite respectful	Extremely respectful
11. Overall, how respectful have school administrators been in their interactions with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Overall, how respectful have teachers been in their interactions with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Overall, how respectful have front office staff been in their interactions with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How do you typically learn about important things happening throughout APS? **Please select all that apply.**

APS Website
 APS School Talk Messages
 APS Social Media (e.g. APS Facebook, Twitter)
 APS Videos
 What's Up APS Podcast
 Bilingual family liaisons
 Principal emails

Teacher emails
 Backpack mail
 PeachJar
 School PTA
 School Parent Ambassadors
 Informal networks (WhatsApp group, friends, other parents)
 Other

15. If you chose "other" in the question above, please describe your answer below.



16. How do you share input about school-wide or APS-wide issues? **Please select all that apply.**

- | | | | | | | | | | |
|--|---|--|-----------------------|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|---------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Contact school board (in person or by email) | Contact Superintendent or Assistant Superintendent (in person or by phone or email) | Contact Principal or Assistant Principal | Contact teacher | Contact counselor | Contact PTA | Attend community meetings or forums | Respond to surveys | Other | N/A - I have not provided input |

17. If you chose "other" in the question above, please describe your answer below.

Learning

In this section, we would like to hear more from you about your perception of your child's learning at his or her school.

18. Overall, how would you describe your child's teachers' expectations?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Way too low | Too low | Just right | Too high | Way too high | I am unsure |

19. How supportive is your child's school if you need to ask for help addressing your child's needs?

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all supportive | Slightly supportive | Somewhat supportive | Quite supportive | Extremely supportive | N/A - I have not needed to ask for help |

20. Does your child's school provide learning opportunities about supporting your child's well-being (For example principal chats/coffees, PTA-sponsored speakers, etc.)?

- | | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| Yes | No |

21. How well do teachers and staff at your child's school communicate with you?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not well at all | Slightly well | Somewhat well | Quite well | Extremely well |

22. How challenged is your child by what he or she learns in class?

- | | | | | |
|-----------------------|-----------------------|-----------------------------|-----------------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not challenged at all | Challenged too little | Challenged the right amount | Challenged too much | Challenged way too much |

23. How well do your child's teachers partner with you to support your child's learning?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not well at all | Slightly well | Somewhat well | Quite well | Extremely well |



24. On a regular school night, how much time does your child spend on homework?

- They don't do homework at their school
 Less than 1 hour
 1-3 hours
 4-6 hours
 7 or more hours

Engagement Barriers

The following questions ask about whether you experience barriers to becoming involved with your child's school. Please reflect upon a time that you may have desired to attend a meeting, school event, or have more discussions about your child's education. To what degree were any of the following a factor?

	Not a barrier at all	Small barrier	Medium barrier	Large barrier
25. To what degree were childcare needs a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. To what degree was transportation a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. To what degree was your own schedule a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. To what degree were limitations in staff time a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. To what degree were language differences, for example if English is not your native language, a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. To what degree was feeling unwelcomed a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. To what degree was a lack of awareness of school events a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. To what degree was lack of interest or understanding the relevance of events and opportunities a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. To what degree was your child's desire for you not to contact or visit the school a barrier to becoming involved with your child's school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Out-of-School Time

The following questions ask for your thoughts on out-of-school time for your child. When answering these questions, think about your child's experiences outside of school, including in the morning, at night, and on the weekends.

34. What activities does your child do regularly outside of school? **Please select all that apply.**

- | | | | | | | | |
|---|---|----------------------------|------------------------------------|------------------------|-----------------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| After-school program at school (For example Extended Day, Check In) | After-school program outside of school (For example YMCA, Aspire, Phoenix Bikes, Reach Far) | Tutoring session at school | Tutoring session outside of school | Recreation sports team | Travel/select/A sports team | School sports team | Individual sport (For example martial arts, dance) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Theater program | Choral/singing program | Church/synag youth group | Community service/volunteer work | Brownies/Scout | Art program | Other | None |

35. If you chose "other" in the question above, please describe your answer below.

36. Which of the following barriers prevent your child from participating in out-of-school activities? **Please select all that apply.**

- | | | | | | | | | |
|---|-----------------------------------|------------------------------|-----------------------|--------------------------------------|--|-------------------------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My child does not have a way to get to the activity | The activity costs too much money | My child is already too busy | I am too busy | I don't know how to sign up my child | My child has special needs that programs don't accommodate | My child has other responsibilities | Other | N/A - we have no barriers |

37. If you chose "other" in the question above, please describe your answer below.

38. How confident do you feel talking with your child about sensitive topics (for example, bullying at school, dating, substance misuse)?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not at all confident | Slightly confident | Somewhat confident | Quite confident | Extremely confident |



39. If you need community resources, does your child’s school help you understand what is available to your family outside of APS?

- Yes
 No
 N/A - I have not needed community resources

40. Within the past 12 months, did you worry about whether food would run out before you had money to buy more?

- Yes
 No

	School Bus	Walking	Public Transportation	Car (Guardian Drives)	Car (Student Drives)	Combination	Other
41. How does your child regularly get to school in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. How does your child regularly get home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. How far do you live from your child’s school?

- Under 1 mile
 Between 1-2 miles
 Between 2-5 miles
 Greater than 5 miles

Background Questions

For the final section, we need to know a bit of background information about you so that we can describe the types of families who completed this survey.

44. What is your race/ethnicity? Please check all that apply

- American Indian or Alaskan Native
 Asian
 Black or African American
 Hispanic or Latino
 White
 Other

45. If you marked "Other", please describe in the space below.

46. What is your gender?

- Female
 Male
 Non-binary



47. Please select the highest level of education you have completed.

- No formal education
- Some high school
- High school diploma or equivalent
- Some vocational or technical training
- Some college
- An associate's degree
- A bachelor's degree
- A master's degree
- A professional degree (JD, MD)
- A doctoral degree (PhD)

48. Please indicate your approximate average household income.

- \$0 to \$24,000
- \$24,001 to \$51,000
- \$51,001 to \$72,000
- \$72,001 to \$87,000
- \$87,001 to \$110,000
- \$110,001 to \$150,000
- \$150,001 to \$200,000
- \$200,001 or higher

SAMPLE FORM