### **Demo 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.

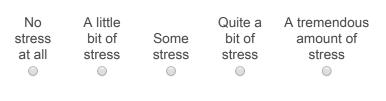
#### **School Environment**

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

1. Do you have someone in your child's school whom you can go to with questions about your child?



2. How much stress does your child experience due to academics?



3. Has your child ever been bullied online, through social media or text?



4. Has your child ever been bullied by other students in-person at school?



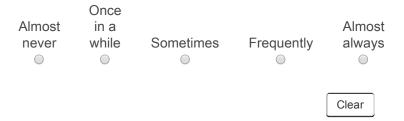
5. If your child was bullied, how easy was it for you to get support from the school?



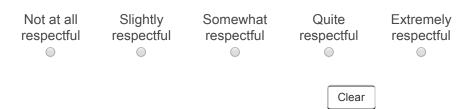
6. How consistently does your child's school enforce school rules for all students?



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



8. Overall, how respectful have school administrators been in their interactions with you?



9. Overall, how respectful have teachers been in their interactions with you?

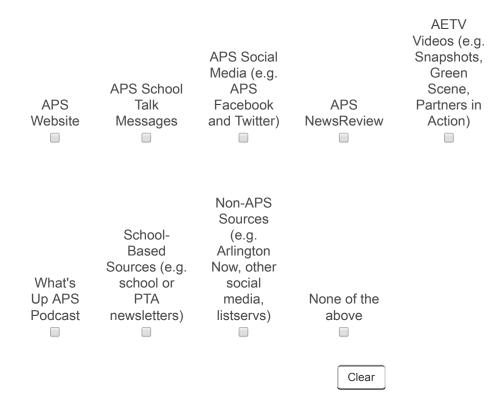


10. Overall, how respectful have other school staff been in their interactions with you?

| Not at all respectful | Slightly respectful | Somewhat respectful | Quite respectful | Extremely respectful |
|-----------------------|---------------------|---------------------|------------------|----------------------|
|                       |                     |                     |                  |                      |

Clear

11. Which of the following resources do you use to stay informed about important things happening throughout APS? Please select all that apply.



12. Have you used the "Engage with Us" section on the APS website to find information on any of the following topics? Please select all that apply.

|          | Options  | Details on the |           |         |
|----------|----------|----------------|-----------|---------|
|          | and      | 1:1 devices    | The new   |         |
|          | transfer | for            | APS       | None of |
| Boundary | policy   | personalized   | Strategic | the     |
| changes  | changes  | learning       | Plan      | above   |
|          |          |                |           |         |

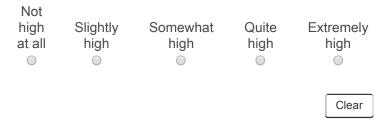
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|--------|---|--|
|        |   |  |
|        |   |  |

13. How do you provide feedback to APS about school-wide and APS-wide issues? Please select all that apply.

| Community<br>Meetings<br>and Forums  | "Engage<br>with Us"<br>on the<br>APS<br>website | Online<br>Surveys                       | School Parent<br>Ambassador | "Contact<br>Us" link on<br>website           | Speak to my child's teacher about school-wide or APS-wide issues |
|--|---|---|-----------------------------|--|--|
| Speak to the principal at my child's school about school-wide or APS-wide issues | Speak to<br>School<br>Board<br>members          | Speak at<br>School<br>Board<br>meetings | Other                       | N/A - I<br>have not<br>provided<br>feedback. |  |
|  |   |   | Clear                       |  |  |
| •  |   | lease des                               | cribe                       |  |  |
|  |   |   | Clear                       |  |  |
| 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.

15. In general, how high are teachers' expectations for your child?



16. How supportive is your child's school if you need to advocate for your child's needs?

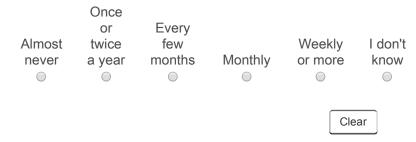


17. How often does your child's school provide learning opportunities about supporting your child's academic achievement? (e.g. College/High School Information Nights, orientations, Back to School Nights, Math Nights, etc.)



Clear

18. How often does your child's school provide learning opportunities about supporting your child's **well-being**?(e.g. principal chats/coffees, PTA sponsored speakers, etc.)



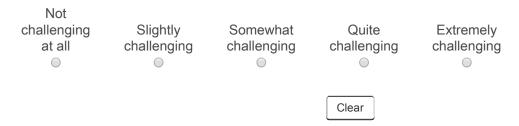
19. How well does your child's school communicate with you?



20. How well does your child's school communicate about the appropriate use of educational technology (like iPads and MacBooks)?



## 21. How challenging is your child's school work?



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



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



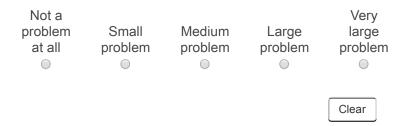
### **Engagement Barriers**

How big of a problem are the following issues for becoming involved with your child's current school?

#### 24. Child care needs



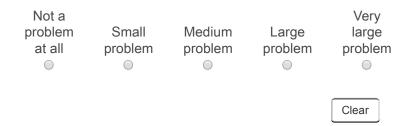
### 25. Transportation-related challenges



## 26. Concerns about getting to the school safely



### 27. How busy your schedule is



### 28. Scheduling conflicts

| Not a problem at all | Small problem | Medium<br>problem | Large<br>problem | Very<br>large<br>problem |
|----------------------|---------------|-------------------|------------------|--------------------------|
|                      |               |                   |                  |                          |

Clear

### 29. School staff seem too busy

Not a problem Small Medium Large large at all problem problem problem problem Clear

## 30. You feel unsure about how to communicate with the school

Not a Very problem Small Medium Large large at all problem problem problem problem Clear

# 31. The school provides little information about involvement opportunities

Not a Very problem Small Medium Large large problem problem at all problem problem Clear

## 32. The school is not welcoming to parents

Not a Very problem Small Medium Large large at all problem problem problem problem 

## 33. The school does not communicate well with people from your culture



# 34. The school does not communicate well with people who speak your language



# 35. You do not feel a sense of belonging with your child's school community



## 36. Negative memories of your own school experience





Your child does not want you to contact the school



38. You worry that adults at the school will treat your child differently if you raise a concern



### **Health Services**

In this section, please share your perspective on efforts to support your child's health.

39. How healthy are the food choices for students at your child's school?



40. If your child has a chronic health condition, how satisfied have you been with the support you have received from your child's school?

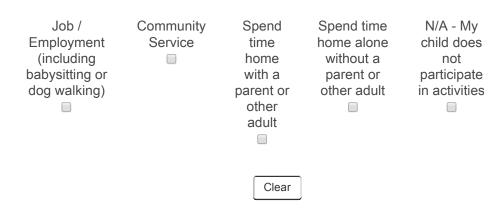


#### **Out-of-School Time**

The following questions ask for your thoughts on out-ofschool 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.

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





42. Considering all activities, how often does your child participate in outside-of-school activities?

| Less<br>than<br>once<br>per<br>year | About once per year | 2-5<br>times<br>per<br>year | Once<br>per<br>month | More<br>than<br>once<br>per<br>month | N/A - My<br>child does<br>not<br>participate<br>in activities |
|-------------------------------------|---------------------|-----------------------------|----------------------|--------------------------------------|---|
|                                     |                     |                             |                      |                                      | Clear   |

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



44. How confident do you feel talking with your child about sensitive topics (for example, bullying at school or concerning current events)?



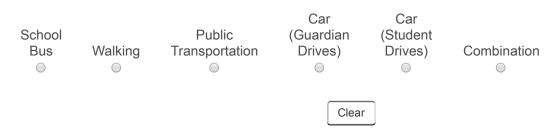
45. How well does your child's school help you understand community resources available to your family outside of APS?



### **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.

46. How does your child normally get to school in the morning?

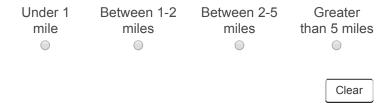


47. How does your child normally get home?

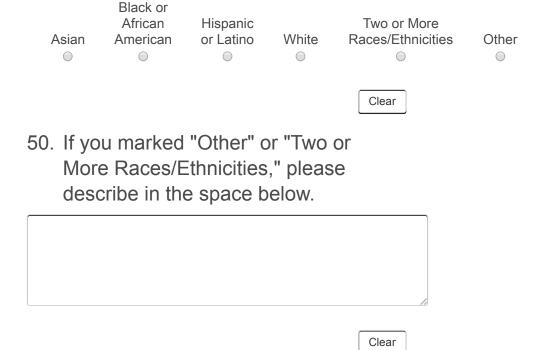




48. How far do you live from your child's school?

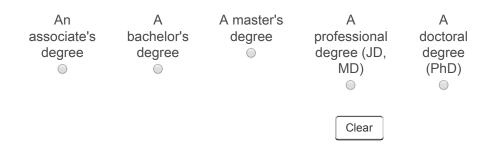


49. What is your race or ethnicity?

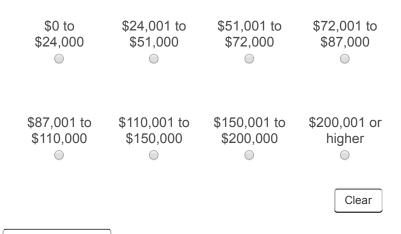


51. Please select the highest level of education you have completed.

|                     |                  |                       | Some                  |              |
|---------------------|------------------|-----------------------|-----------------------|--------------|
|                     |                  | High school           | vocational or         |              |
| No formal education | Some high school | diploma or equivalent | technical<br>training | Some college |
| $\bigcirc$          |                  |                       | 0                     |              |



## 52. Please indicate your approximate average household income.



Submit