

## Parent Volunteer Survey

Parent's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_



Please circle all answers that apply

1. What are the best times for you to come to school?
  - a. morning
  - b. afternoon
  - c. evening
  
2. Our school encourages parent involvement. Would you like to be involved with the school?
  - a. Yes
  - b. No
  
3. If you answered no, please tell us why:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. If you answered yes, please tell us what you would feel comfortable doing:
  - a. Helping in the office or library
  - b. helping in classrooms
  - c. attending field trips
  - d. helping cut out teacher made materials
  - e. Helping running off material to go home
  
5. Parents and families have many talents. What can you share with our school?
  - a. Cooking
  - b. Sewing
  - c. Languages spoken
  - d. Art
  - e. Computer skills
  - f. Trade skills \_\_\_\_\_
  - g. Music
  - h. Other: \_\_\_\_\_

6. How would you like to be notified of meetings and events?
  - a. Phone call (Parent Link)
  - b. Newsletter
  - c. Remind
  - d. Marquee in front of school
  - e. Email
  - f. Other: \_\_\_\_\_
  
7. Do you mind being called at work for these notices?
  - a. Yes
  - b. No, not at work. Best time to call at home \_\_\_\_\_
  
8. What are some topics would interest you for a parent night?
  - a. How to help your child succeed
  - b. Help with understanding homework
  - c. help with study skills
  - d. school expectations
  - e. Literacy night (reading and writing)
  - f. Math night
  - g. How to located information on our school website
  - h. Internet sources for my child
  
9. Is there anything else you would like to tell us?

Thank you for your time to complete the survey. Please return to school as soon as you can.

Cathy Toney, Parent Facilitator  
Library Media Specialist  
Carolyn Lewis Elementary School  
Conway Public School District