

# GLANTON ELEMENTARY SCHOOL TITLE I PARENT FEEDBACK FORM

## **Our School Contact information:**

Glanton Elementary School  
Grantville, GA 30220  
Phone:(770) 583-2873 Fax: (770) 583-  
Mrs. Yovandra Curtis, Principal  
Ms. DeAndra Williams, Family Engagement Coordinator

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Tell us how to get in touch with you (optional):

Name & E-mail \_\_\_\_\_

Best phone number \_\_\_\_\_

Child/Grade \_\_\_\_\_

**Directions:** Please share your input about the upcoming Fiscal Year (FY19-20.) Your feedback is essential in helping us to build learners and increase family engagement and involvement at Glanton Elementary School. We welcome all of your comments and suggestions. Please enter your comments in the spaces provided. Thank you!

How did you hear about the Title I Stakeholder Input Meeting?

- Family Engagement Coordinator
- PTO Meeting
- Website
- Social Media (Twitter, PTO Facebook, etc...)
- School Messenger (Remind, One Call, Band, etc...)
- Flyer
- Other \_\_\_\_\_

## **Schoolwide Improvement Plan:**

What types of programs and activities will engage parents?

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How can we best share student assessment results? (STAR, Georgia Milestone scores, GKids, ESGI, GCA, etc...)

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## **School-Parent Compact:**

How can the school support you in assisting your child at home to achieve the school and district goals?

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What are the best ways to communicate with parents about student learning?

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In what core content area does your child need the most help? (circle all that apply)  
Reading/ELA Spelling                      Math                      Science                      Social Studies

## **School Parent and Family Engagement Plan:**

How can the school effectively communicate with parents?

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What type of workshops/trainings would you like for the school to provide?

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## **Parental Involvement Budget:**

How should Title I. funds be spent to support student learning and parent engagement?

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How can parents be utilized in the school learning environment?

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What makes you feel valued in the school?

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What time is best for your family for any school-wide activities?

Morning\_\_\_\_\_ During school\_\_\_\_\_ After school\_\_\_\_\_

Are you interested in serving on the 2019-2020 Title I Parent Advisory Council.

( ) Yes, I have entered your contact information above.

( ) No, please contact me for other volunteer opportunities.

**Suggestions:** Are there any other suggestions or feedback you would like to share?

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_