



Family Survey on Title I Annual Meeting 2020

Name of school: _____

Grade level(s) of your children at this school site: _____

Please indicate if you participated in the live virtual meeting or viewed a recording.

☐ Live Session

Date of meeting: _____ Time: _____

☐ Viewed Recorded Meeting

Please indicate if you agree with the following statements by checking *Yes* or *No*:

	Yes	No
1. Did you gain more information on Title I?		
2. Do you have a better understanding of the Title I budget?		
3. Overall, do you have a better understanding of Title I services provided for your child?		

Comments and Suggestions: _____
