



Family Survey on Family Engagement Efforts/Events Linked to Learning

Name of school: _____

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

Name of family engagement effort/event: _____

Date of effort/event: _____ Time: _____

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

	Yes	No
1. Did you <u>learn</u> a new tip or tool to support your child's learning?		
2. Did you <u>practice</u> a new skill or strategy to support your child's learning at home?		
3. Did you have an opportunity to <u>share</u> with the teacher what you know about your child?		
4. Are you now able to better understand the <u>learning goals</u> for your child?		
5. Overall, do you feel <u>better able</u> to support your child's learning needs at home?		

Comments and Suggestions: _____



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