

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

Name _____
E-mail _____
Phone _____
Child/Grade _____

Heritage Elementary
2600 Jolly Road
Street Address
Atlanta, GA, 30349
470-254-8144 / 470-254-8148
Cheree Turner
turnerch@fultonschools.org

PARENT FEEDBACK FORM 2016-2017

Please share your input about the following FY17 Title I parental involvement documents and our overall school parental involvement program. Your feedback is essential in helping us to build parent and staff capacity and increase parent and family engagement at Heritage Elementary School. We welcome all of your comments and suggestions. Please enter your comments in the spaces provided. If you have no comments at this time, please indicate that in the space also. Thank you

How did you hear about the parent input meeting?

☐ Parent Liaison ☐ PTA/PTSA Meeting ☐ School Website
☐ Social Media ☐ School Messenger ☐ Other _____

Schoolwide Improvement Plan: (e.g. What types of programs and activities will engage parents?, How can we best share student assessment results?, etc.)

School-Parent Compact: (e.g. How can the school support you in assisting your child at home to achieve the school and district goals? What are the best ways to communicate with parents about student learning?, In what core content area does your child need the most help? , How can the school build partnerships to support student learning?, etc.)

School Parental Involvement Plan: (e.g. How can the school effectively communicate with parents? What type of workshops would you like for the school to provide? , How can the school partner with parents in building ties between home and school and implementing parent programs?, etc.)

Parental Involvement Budget 1% set-aside and additional funds (carry-over): (e.g. What instructional materials, supplies and/or learning games would you like to have available in the Parent

Resource Center? Should we receive additional Title I funding during the year how should those funds be spent to support student learning and parent engagement?)

Flexible Learning Program (if applicable; for Priority and Focus schools only): (e.g. How frequently would you like to be notified about your child's performance?, etc.)

Building Staff Capacity: (e.g. How can our school more effectively communicate with, reach out to and work with parents as equal partners in their child's education, as well as implement and coordinate parent programs?)

Overall Parental Involvement Program: (Are there any other suggestions or feedback you would like to share at this time? , How would you rate our school's overall parental involvement program? , Are parent activities and meetings held at convenient and flexible times? , etc.)

☐ **I appreciate the opportunity to share my input. However, I do not have any feedback at this time.**

Parent signature _____ **Date** _____

☐ Yes, I am interested in serving on the 2016-2017 Title I Committee and/or Parent Advisory Council.

Please return this form to your School Parent Liaison, Ashley White, 470-254-8144 , ext. 28947 whitea1@fultonschools.org or designated Title I school staff member.
Thank you, again, for your time.