

Parent Activity Survey

Name _____

Email _____

Student Name (Optional) _____

Campus/District Name your child attends _____

Rate Strongly Agree to Strongly Disagree

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| The information presented was relevant to my child’s needs | | | | |
| I know the services and/or supports being offered to my child | | | | |
| My child's campus promotes multilingualism | | | | |
| I understand the importance of my child becoming bilingual | | | | |
| I feel my language needs are being met | | | | |

What additional information would you like to know more about?

To better support you, what can we do to improve?