

HOW TO READ THIS REPORT



MEASURE SCORES

- Scores are calculated by aggregating the response items in that measure, giving more weight to those response items that are harder to agree with.
- Because schools are compared to other schools in the district, performance may be labeled "weak" despite having a majority of positive responses to individual items.

SCORE SCALE

80-100	VERY STRONG
60-79	STRONG
40-59	NEUTRAL
20-39	WEAK
0-19	VERY WEAK

RESPONSE RATE

**My School's Response Rate** < 30%

- Results not reported for schools with a response rate less than 30%.
- Results not reported for subgroups of less than 10; however, subgroup responses are included in school's aggregate ("All") results.
- Response rate estimated by dividing the school's April 2014 enrollment by total number of children parents report having at the school.

SCHOOL RECOMMENDATION

**My School's Average Score**

SCHOOL COMMUNITY

**My School's Score**

How much do you agree with the following statements about your child's school?

SCALE: ■ COMPLETELY ■ MOSTLY ■ A LITTLE ■ NOT AT ALL ■ NO RESPONSE

The office staff greets visitors warmly

I feel welcome when I visit the school

The support staff (custodians, clerks, cafeteria staff, security) seem to care about the students  
The school invites me to meetings and special school events

I know what the important issues are in the school

I have opportunities to participate in making decisions that affect the whole school community

PARENT-TEACHER PARTNERSHIP

**My School's Score**

How much do you agree with the following statements about your child's teacher?

SCALE: ■ COMPLETELY ■ MOSTLY ■ A LITTLE ■ NOT AT ALL ■ NO RESPONSE

The teacher(s) respects me

The teacher(s) does his or her best to help my child learn

The teacher(s) always has my child's best interest in mind

I am comfortable sharing my concerns with this teacher(s)

My child can learn a lot from this teacher(s)

My child will be more successful as an adult because of this teacher(s)

The teacher(s) let me know what they are working on in class

The teacher(s) contacts me personally to discuss my child (strengths, weaknesses...)

The teacher(s) provides suggestions for how to support my child in school

SURVEYED PARENT RACE

Race	%
WHITE	
BLACK	
HISPANIC	
ASIAN	
MULTIRACIAL	
OTHER/NOT SPECIFIED	

SCHOOL SAFETY

How much do you agree with the following statements about your child's school?

SCALE: ■ COMPLETELY ■ MOSTLY ■ A LITTLE ■ NOT AT ALL ■ NO RESPONSE

My child is safe going to and from school

My child is safe at this school

My child feels like they are part of a community at this school

My child feels accepted and welcomed at this school

My child's social and emotional needs are met at this school

Bullying is NOT a problem at this school

QUALITY OF FACILITIES

**My School's Score**

How would you rate the quality of the following facilities at your school?

SCALE: ■ EXCELLENT ■ SATISFACTORY ■ POOR ■ DON'T KNOW/DNA ■ NO RESPONSE

Your child's classroom

Computer lab(s)

Library

Gym

Food services/nutritious meals

Overall cleanliness of the school

ADDITIONAL ITEMS

How much do you agree with the following statements?

SCALE: ■ COMPLETELY ■ MOSTLY ■ A LITTLE ■ NOT AT ALL ■ NO RESPONSE

I'm happy with my child's summer learning opportunities.

I feel like grading practices in this school are fair

The children at this school respect the school staff