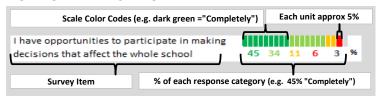
OMBUDSMAN 1

MY VOICE, MY SCHOOL Parent/Guardian Survey 2014 Report

HOW TO READ THIS REPORT



MEASURE SCORES

Scores are calculated by aggregating the response items in that measure, giving more weight to those reponse 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.

80-100 VERY STRONG STRONG NEUTRAL WEAK

VERY WEAK

SCORE SCALE

RESPONSE RATE

< 30% My School's Response Rate

- 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
- children parents report having at the school.

SURVEYED PARENT RACE

WHITE **BLACK** HISPANIC **ASIAN** MULTIRACIAL OTHER/NOT SPECIFIED

included in school's aggregate ("All") results. · Response rate estimated by dividing the school's April 2014 enrollment by total number of

SCHOOL RECOMMENDATION

My School's Average Score

SCHOOL SAFETY

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

COMPLETELY MOSTLY A LITTLE NOT AT ALL NO RESPONSE My child is safe going to and from school

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

I know what the important issues are in the school

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

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

PARENT-TEACHER PARTNERSHIP

My School's Score

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

A LITTLE

NOT AT ALL

NO RESPONSE

COMPLETELY The teacher(s) respects me

SCALE:

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

MOSTLY

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

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

QUALITY OF FACILITIES

EXCELLENT

My School's Score

SATISFACTORY

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

Your child's classroom Computer lab(s) Library Food services/nutritious meals

Overall cleanliness of the school

ADDITIONAL ITEMS

COMPLETELY

How much do you agree with the following statements? A LITTLE

Network - Options

NOT AT ALL

I'm happy with my child's summer learning opportunities. I feel like grading practices in this school are fair

MOSTLY

The children at this school respect the school staff

School ID - 610569 Office of Accountability



NO RESPONSE

DON'T KNOW/DNA NO RESPONSE

