HOW TO READ THIS REPORT

Scale Color Codes	Each unit approx 5%	
I have opportunities to p decisions that affect the		34 11 6 3 %
Survey Item	% of each response categor	ry (e.g. 45% "Completely")

• Scores are calculated by aggregating the response items in that

MEASURE SCORES

of positive responses to individual items.

MY VOICE, MY SCHOOL Parent/Guardian Survey 2016 Report

SCORE SCALE

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

80-100 VERY STRONG STRONG NEUTRAL 20-39 WEAK 0-19 VERY WEAK

RESPONSE RATE		SURVEYED PARENT RACE		
My School's Response Rate< 30%		% WHITE BLACK HISPANIC ASIAN MULTIRACIAL		
SCHOOL RECOMMENDATION		OTHER/NOT SPECIFIED		
How likely are parents to recommend this school, on a scale of 1 to .	SCHOOL SAFETY			
My School's Average 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		
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		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		
The office staff greets visitors warmly I feel welcome when I visit the school		My child's social and emotional needs are met at this		
		school Bullying is NOT a problem at this 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		QUALITY OF FACILITIES		
I know what the important issues are in the school		My School's Score		
I have opportunities to participate in making decisions that affect the whole school community		How would you rate the quality of the following facilities at your school?		
PARENT-TEACHER PARTNERSHIP				
My School's Score		Your child's classroom		
How much do you agree with the following statements about your child's teacher ?		Access to technology		
		Library		
		Gym		
The teacher(s) respects me The teacher(s) does his or her best to help my child		Food services/nutritious meals Overall cleanliness of the school		
mind				
I am comfortable sharing my concerns with this teacher(s)		ADDITIONAL ITEMS		

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

ADDITIONAL ITEMS							
How much do you agree with the following statements?							
SCALE:	COMPLETELY	MOSTLY		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 child	dren at this sch	ool respect t	he school	staff			
School ID -	610192	Netw	ork - Netw	vork 5			