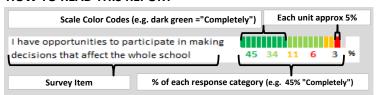
### **INTRINSIC HS**

# MY VOICE, MY SCHOOL Parent/Guardian Survey 2016 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.

## SCORE SCALE 80-100 VERY STRONG STRONG NEUTRAL WEAK

VERY WEAK

#### **RESPONSE RATE**

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

- Results not reported for schools with a response rate less than 30%.
- Response rate estimated by dividing the school's April 2016 enrollment by total number of children parents report having at the school.

## **SURVEYED PARENT RACE**

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

#### SCHOOL RECOMMENDATION

How likely are parents to recommend this school, on a scale of 1 to 10?

My School's Average Score

## **SCHOOL SAFETY**

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

COMPLETELY A LITTLE NOT AT ALL NO RESPONSE MOSTLY 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?

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

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 Access to technology Library Food services/nutritious meals

Overall cleanliness of the school

## **ADDITIONAL ITEMS**

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

NOT AT ALL

COMPLETELY 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

Network - Charter

School ID - 400162



NO RESPONSE

DON'T KNOW/DNA NO RESPONSE

