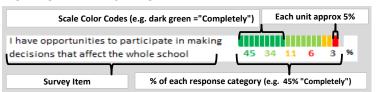
## AMUNDSEN HS

# MY VOICE, MY SCHOOL Parent/Guardian Survey 2017 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 WFAK

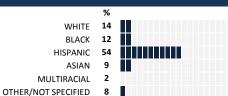
0-19 VERY WEAK

## **RESPONSE RATE**

#### My School's Response Rate 41%

- 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**



## SCHOOL RECOMMENDATION

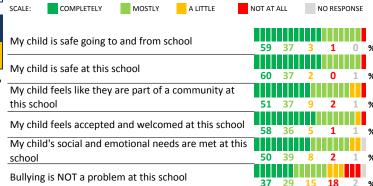
How likely are parents to recommend this school, on a scale of 1 to 10?

My School's Average Score

8.1

## **SCHOOL SAFETY**

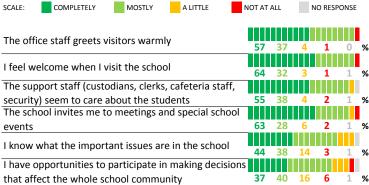
How much do you agree with the following statements about your child's school?



## SCHOOL COMMUNITY

My School's Score	59	NEUTRAL
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How much do you agree with the following statements about your child's school?



## **QUALITY OF FACILITIES**

My School's Score	61	STRONG
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How would you rate the quality of the following facilities at your school?

SC	ALE: EXCELLENT	SATISFACTORY	POOR	DON'T KN	OW/DN/	A	NO RES	PONS	Ε
	Your child's classro	oom		38	30	1	29	2	%
	Access to technolo	gy		49	31	2	17	2	%
	Library			51	34	1	12	2	%
	Gym			52	31	1	14	2	%
	Food services/nutr	itious meals		29	33	13	23	3	%
	Overall cleanliness	of the school		46	26	2	12		0/

## PARENT-TEACHER PARTNERSHIP

My School's Score	42	NEUTRAL
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How much do you agree with the following statements about your child's						
teacher?						
SCALE: COMPLETELY MOSTLY A LITTLE N	OT AT	ALL	1	IO RESE	ONSE	
The teacher(s) respects me						
The teacher(s) respects me	65	31	2	1	1	%
The teacher(s) does his or her best to help my child	Ш					
learn	57	35	6	1	1	%
The teacher(s) always has my child's best interest in						
mind	55	37	6	1	1	%
I am comfortable sharing my concerns with this						
teacher(s)	54	36	6	2	2	%
NAV abild any leave a let from this teach or/s)						
My child can learn a lot from this teacher(s)	54	39	5	1	1	%
My child will be more successful as an adult because						
of this teacher(s)	50	40	8	1	2	%
The teacher(s) let me know what they are working						
on in class	39	34	16	8	2	%
The teacher(s) contacts me personally to discuss my						
child (strengths, weaknesses)	38	27	17	17	2	%
The teacher(s) provides suggestions for how to						
support my child in school	42	21	4.5	11	- 2	%

# **ADDITIONAL ITEMS**

SCALE:	COMPLETELY	MOSTLY	A LITTLE	NOT AT ALL	NO RESPO	NSE
I'm happ	oy with my child inities.	's summer lea	rning		16 <b>7</b> 1	
I feel lik	e grading practi	ces in this scho	ool are fair	45 44	7 <b>2</b> 2	
The chil	dren at this scho	ool respect the	school staff	42 48	8 1 1	. %
C-LIID	COOCOE	Motucorle	ICD			

