



Earl D. Taft Elementary School

16 Granite Street
Telephone: (508) 278-8643

Uxbridge, Massachusetts 01569
FAX: (508) 278-8646

Paula A. Montesi, Principal
Lori J. Fafard, Assistant Principal

Taft Elementary School Parent Survey

October 27, 2008

Dear Parents of Taft Students,

Taft School Council will be developing its School Improvement Plan. As part of the planning process, it is essential to seek input from all areas of our school community. As parents, your opinion is a valued part of this process.

We ask that you complete this survey by selecting the response that most accurately represents your feelings and/or experiences based on your view on past performance of the school.

We ask that you return this survey to school by November 7, 2008.

Thank you for your help.

Mrs. Montesi

1. Based on your previous experience, the quality of education my child receives at Taft School is:

Excellent Good Fair Poor

COMMENT: _____

2. Specifically to what degree is our school successful in teaching:

Reading:	Excellent	Good	Fair	Poor
Math:	Excellent	Good	Fair	Poor
Science:	Excellent	Good	Fair	Poor
Social Studies:	Excellent	Good	Fair	Poor
Writing:	Excellent	Good	Fair	Poor
Health:	Excellent	Good	Fair	Poor
Art:	Excellent	Good	Fair	Poor
PE:	Excellent	Good	Fair	Poor
Music:	Excellent	Good	Fair	Poor
Computer Skills:	Excellent	Good	Fair	Poor
Library Skills:	Excellent	Good	Fair	Poor

COMMENT: (All comments are welcomed but especially if fair or poor.)

3. The current homework policy for Taft School students is:

Kindergarten	minimum of 15-20 minutes	4 times a week
Grades 1&2	minimum of 15-20 minutes	4 times a week
Grade 3	minimum of 25-30 minutes	4 times a week
Grade 4	minimum of 35-40 minutes	4 times a week

Based on this policy, what is your opinion of the amount of homework assigned on a weekly/nightly basis?

Too Much Not Enough Just Right

In general, what is homework like for your child? (Answer 1-10. 10 being very frustrating, 1 being very easy) _____

Overall my child (check one)

- Completes his/her assignments and needs little/no assistance
- Completes his/her assignments and needs some assistance
- Completes his/her assignments and needs frequent assistance
(Parent needs to be nearby)
- Completes his/her assignment and always needs help
(Parent needs to sit with him/her)

4. I feel competent when helping my child in: (check all that apply)
- Reading Social Studies
 Math Phonics
 Science Writing
5. The level of communication regarding my child's educational progress is:
- Excellent Good Fair Poor
6. Lessons are modified to address my child's individual needs:
- Yes No Don't Know
7. Has your child experienced repeated (more than 2) bullying at school:
(Check all that apply)
- Bus Playground
 Cafeteria Classroom
 Hallways
8. The overall environment at Taft is safe for my child:
- Yes No
9. My child's attitude toward his/her education at Taft is:
- Excellent Good Fair Poor
10. On average, how often does your child purchase school meals per week:
- Never 1-2 days 2-3 days 3-4 days every day
11. Which BEST describes why your child doesn't buy school meals:
- Too costly
 I don't approve of what's offered
 My child won't eat what's offered
 Lunch lines too long/not enough time to eat
 Other

12. How would you prefer to receive the monthly lunch menu:

- Hard copy from school
- Online from website
- Emailed to me
- I don't look at the menu

13. The level of communication between home and school regarding school and classroom news is:

- Excellent Good Fair Poor

14. The care and upkeep of the grounds is:

- Excellent Good Fair Poor

15. The level of care and upkeep of the building is:

- Excellent Good Fair Poor

16. What types of programming would you like to add at Taft School?
(Check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> Enrichment Programs
for Gifted/Advanced Students | <input type="checkbox"/> Performance/Plays |
| <input type="checkbox"/> Foreign Languages | <input type="checkbox"/> Science Fairs |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Music | <input type="checkbox"/> Student Newspaper |
| <input type="checkbox"/> Art | <input type="checkbox"/> Clubs (Specific) _____ |
| | <input type="checkbox"/> Others _____ |

17. Any additional comments? _____

18. My child(ren) are in Grade(s): (check all that apply)

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 3 |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 4 |

Name (optional) _____