



Parent Involvement Survey

Name (optional) _____

Student's name(s) (optional) _____

Are you, or will be, a member of the PTA? _____

What do you believe is the purpose of our PTA? _____

What does the PTA do well? _____

What could the PTA do better _____

Which school or PTA programs/activities would you like to see added? _____

Which school or PTA programs/activities would you like to see ended? _____

Which school or PTA programs would you like to see changed? _____

How should they be changed? _____

What are the major challenges you face as a parent? _____

What is the biggest challenge our school community faces? _____

What area would you become active if given the opportunity? _____
