Use these questions as a starting point for your satisfaction survey. Mix and match or customize these questions based on your objectives and program. If you’d like to be able to reach out to families, be sure to provide a place for families to leave contact information for follow-up.

Thank you for agreeing to take this survey. As a parent, your views about your experience at {SCHOOL NAME} are very important to us. Your thoughtful answers to the following questions will help us make learning in this district a better experience for your student.

Demographics

How many children do you currently have enrolled in {SCHOOL NAME}.

Select the grades in which you have children enrolled. (Select all that apply.)

Thinking of {SCHOOL NAME} teachers and your experience with them, please indicate how you feel about the following statements.

Teacher Support

The teachers at this school are excited about their work.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I can contact my child(ren)'s teachers easily.
Strongly Agree Agree Neutral Disagree Strongly Disagree

The teachers keep me informed about how my child(ren) is doing in school.
Strongly Agree Agree Neutral Disagree Strongly Disagree

The teachers give me ideas about how I can help my child(ren) do his or her best.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Academics

With {SCHOOL NAME} academics in mind, please indicate how you feel about the following statements:

My child is challenged by his or her school work this year.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I am satisfied with my child's academic progress.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel that the curriculum was effective in teaching my student.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Online Learning Program

My child knows what learning activities and time in program are expected of him/her.
Strongly Agree Agree Neutral Disagree Strongly Disagree

My child can confidently complete work independently in the program.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel like time spent in this program is supporting my child's individualized learning needs.
Strongly Agree Agree Neutral Disagree Strongly Disagree

My child is engaged and motivated by the learning experience in this program.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Community and Culture

Thinking of your experience with {SCHOOL NAME} the school, staff, and administrators, please indicate how you feel about the following statements.

I know what is expected of my child at {SCHOOL NAME}.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I think the extracurriculars, community building activities, and other extras at {SCHOOL NAME} are important.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel that my child fits in at this school.
Strongly Agree Agree Neutral Disagree Strongly Disagree

I feel comfortable approaching the Principal with any questions or concerns.
Strongly Agree Agree Neutral Disagree Strongly Disagree

Program Adoption

Please select the option that most accurately completes the following:

My child(ren) completes their daily lessons:
Daily Several Times Weekly Weekly Seldom Never

My child attends Live Lessons:
Daily Several Times Weekly Weekly Seldom Never

How often did you take advantage of your child’s teacher(s) offering office hours for extra help?

On average, how much time did you spend working with your student to complete student assignments each day?

On average, how much time did your student spend working independently each day?

According to the rules in the student handbook, how often were your student's assignments turned in on time?

Overall Satisfaction/Reenrollment

On a scale from zero to ten, with ten being the highest, how likely are you to recommend {SCHOOL NAME} to a friend or family member?

What is the reason for your rating?

Do you intend to enroll your child(ren) next year?

Enrollment Decision-making Process

What is the primary reason you enrolled your child(ren) in {SCHOOL NAME} this year.

Which school option(s) were you using immediately prior to joining {SCHOOL NAME}? (Select all that apply.)

Brick and Mortar Public School

Charter School (not online)

Home School

Private Brick and Mortar School

Private Online School

N/A My student was enrolled at this school last year

N/A This is my first year of schooling (kindergarten) for my student

Another Virtual School (please specify under OTHER)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Which school option(s) did you consider prior to joining {SCHOOL NAME}? (Select all that apply.)

Brick and Mortar Public School

Charter School (not online)

Home School

Private Brick and Mortar School

Private Online School

N/A My student was enrolled at this school last year

N/A This is my first year of schooling (kindergarten) for my student

Another Virtual School (s) (please specify under OTHER)

Other \_\_\_\_\_\_\_\_\_\_

Release statement

* I authorize {SCHOOL NAME} to use my comments for promotional purposes.

Thank you for completing our survey!

We appreciate your time and thoughtful feedback.