

PARENT SURVEY - LOWER SCHOOL



The Academy invites you to participate in our Parent Survey. This survey is optional, may be anonymous and will be kept confidential. Your feedback will help strengthen our school. Thank you.

Name (optional): _____ Student Grade: _____

Please rate The Academy in the areas listed below:

EE = Exceeds Expectations

ME = Meets Expectations

NI = Needs Improvement

Core Classroom Curriculum EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Classroom Teacher EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Music EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Art EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
French EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Science EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Computer Lab EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:

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P.E. EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Field Trips EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Daycare EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
After-school Programs EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Communication From Teacher(s) EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Communication From Office EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Classroom Condition EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:
Building Condition EE <input type="checkbox"/> ME <input type="checkbox"/> NI <input type="checkbox"/>	Comments:

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Playground	EE <input type="checkbox"/>	Comments:
	ME <input type="checkbox"/>	
	NI <input type="checkbox"/>	

Favorite aspect of The Academy: _____

Least favorite aspect of The Academy: _____

Additional Comments: _____
