

Snow Springs PTA Evaluation & Needs Assessment

Snow Springs PTA needs your help. To provide you with the types of programs and services you need and want, we are asking you to complete the following survey. Your answers will help us, help you and your child. Please fill in or circle your answers, as appropriate. Return your completed survey to the school with your child. Thanks!

Please fill in the grade of each child you have in school _____

EVALUATION

Please rank the following with

0) Not Necessary 1) Poor 2) Fair 3) Good 4) Great UR - Unable to Rate

For anything that you ranked with a 2 or lower, please let us know why in the comment space

						Comments
PTA Newsletter	0	1	2	3	4	_____
Grants Program	0	1	2	3	4	_____
Teacher Appreciation	0	1	2	3	4	_____
STAR Tutoring	0	1	2	3	4	_____
Birthday Table	0	1	2	3	4	_____
Donut Dates	0	1	2	3	4	_____
PTA Fundraiser	0	1	2	3	4	_____
Reflections Art Contest	0	1	2	3	4	_____
Red Ribbon Week	0	1	2	3	4	_____
Patriotic Week	0	1	2	3	4	_____
Emergency Buckets	0	1	2	3	4	_____
Room Moms/Parties	0	1	2	3	4	_____
Classic Skate Nights	0	1	2	3	4	_____
Family Beach Dance	0	1	2	3	4	_____
Book Fairs	0	1	2	3	4	_____
Turkey Trot	0	1	2	3	4	_____
Santa Secret Shop	0	1	2	3	4	_____
School Website	0	1	2	3	4	_____
Readathon	0	1	2	3	4	_____
Field Day	0	1	2	3	4	_____

Are you a PTA member
Yes
No
Reason why not? _____

Are you interested in serving on the PTA board
Yes
No

Are you interested in volunteering in any of the above activities
Yes
No
Activity _____

NEEDS ASSESSMENT

Please rank the following in order of importance to you
(1 = most important, 11 = least important)

- Safety and security when my child is at school
- Healthy food choices for my child in school
- Resources on parenting
- Physical education or activities for my child at school
- Arts education for my child at school
- Improving my child's academic success
- Opportunities to be involved at school
- Opportunities to interact with other parents and families
- Effective parent/teacher communication
- Adequate funds for my child's school
- Other (please specify _____)

1. If the PTA could act on only one area of importance to you, which would you want it to be? Please mark one choice.

- Safety and security when my child is at school
- Healthy food choices for my child in school
- Resources on parenting
- Physical education or activities for my child at school
- Arts education for my child at school
- Improving my child's academic success
- Opportunities to be involved at school
- Opportunities to interact with other parents and families
- Effective parent/teacher communication
- Adequate funds for my child's school
- Other (please specify _____)

2. If the PTA announced it would act on the area of most importance to you, how likely would you be to get involved?

- A** Very likely
- B** Somewhat likely
- C** Somewhat unlikely
- D** Very unlikely

3. Overall, how satisfied are you with how the PTA serves your school?

- A** Very satisfied
- B** Somewhat satisfied
- C** Somewhat dissatisfied
- D** Very dissatisfied

4. In your opinion, what are the major strengths of the PTA? What are its most commendable practices or characteristics?

5. In your opinion, what are the major weaknesses of the PTA? What practices or characteristics would you most like to see changed?

Please provide any comments/suggestions in the space below. Suggestions for the school or community council will be forwarded to school administration. If more space needed - attach separate sheet

Name & Contact Information (Not required) Would you like someone from the PTA to personally contact you regarding your concerns/suggestions? Yes No

Name _____

Phone _____