

PTA SURVEY



Please complete the following survey to help your PTA plan programs and address issues that reflect the needs and interests of our members.

Name (optional) _____ Email _____

Address _____ City _____, SC Zip _____

Date ____/____/____ Phone (____) _____ home work cell

parent student faculty/staff other relationship to student _____

1) Are you a member of this school's PTA? Yes No

2) Please number your **top five** topics or subjects in order of interest and importance to you:

- | | | |
|-------------------------------|----------------------------------|------------------------------------|
| _____ AIDS Education | _____ Fears of Children | _____ Physical Fitness/Athletics |
| _____ Alcohol/Drug Education | _____ Grading Methods | _____ Problem Solving |
| _____ Arts in Education | _____ Guidance | _____ School Discipline |
| _____ Bus Safety | _____ Health and Wellness | _____ School Violence |
| _____ Campus Improvements | _____ Home/School Communication | _____ Self-Esteem |
| _____ Campus Safety | _____ Homework Help | _____ Sex Education |
| _____ Citizenship/Truancy | _____ Legislation | _____ Social Activities/Recreation |
| _____ College/Career Planning | _____ Motivating Children | _____ Smoking |
| _____ Conflict Resolution | _____ Nutrition | _____ Television Viewing |
| _____ Curriculum Issues | _____ Parent/Child Communication | _____ Testing |
| _____ Effective Discipline | _____ Parenting | _____ Values Education |

Comments: _____

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

Very likely Somewhat likely Somewhat unlikely Very Unlikely

4) Do you or members of your family volunteer at this school? Yes No

5) What are the greatest obstacles that prevent you from spending more time volunteering at school?

Work full-time Don't have time Don't know how Have never been asked

Other reasons _____

6) Would you like to have someone contact you with more information about PTA membership and/or volunteering? (If yes, please fill out contact information at the top of this form) Yes No

THANK YOU!!

Please return form to school or mail to: _____