

Please Take My
Survey

GRADE LEVEL: _____ Date: _____

1. What PARENT WORKSHOPS would INTEREST YOU?
2. What HOURS would you prefer for PARENT WORKSHOPS?
3. Would your child need more ASSISTANCE in MATH or READING? Circle Your Answer
4. Would you like an APPOINTMENT with your Parent Liaison, Mrs. Change to get the best out of Thurgood Marshall? Circle Your Answer Below

Additional Comments:

Yes, in September

Yes, in October

Yes, in _____

OPTIONAL: Name: _____

Phone: _____

Email _____

Please return to parent liaison or front desk at Thurgood Marshall Elementary