



Workshop Survey for Parent's

Parent Name:	Home number: Cell number:
Best days to participate in a workshops/meetings: Check all that apply Days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Best times to participate in a workshops/meetings: Check all that apply Time <input type="checkbox"/> 8am -9am <input type="checkbox"/> 9am-10am <input type="checkbox"/> 10am-11am <input type="checkbox"/> 11am-12pm <input type="checkbox"/> Other _____
Request for Workshops <input type="checkbox"/> Computer/ Technology <input type="checkbox"/> College/Career ready (A-G Requirements) <input type="checkbox"/> Bullying <input type="checkbox"/> Parents Rights and Responsibilities <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Common Core <input type="checkbox"/> ESL <input type="checkbox"/> Other _____	
Additional Comments:	

Please sign and return to the schools main office or parent center

Parent/Guardian Signature: _____

Date: _____