



DALLASTOWN AREA SCHOOL DISTRICT

York Township Elementary School
 2500 S. Queen Street, York, PA 17402
 (717) 741-2281 / 1-866-601-2672 Fax

TO: Title I Parents
FROM: Dr. Stephanie A. Ferree, Project Director
SUBJECT: Title I Annual Program Evaluation and Needs Assessment
DATE: April 14, 2017

We are required by law to conduct an annual parent evaluation of our **Title I Program**. We need your assistance in completing this evaluation so that we can continuously improve the program and better serve our children. Please help us by answering and returning the questionnaire below.

	Excellent	Good	Fair	Poor	N/A
How effective is the Title I program in helping your child(ren) make progress in his/her reading skills?					
How would you evaluate the attitude of your child(ren) toward this reading support program?					
How effective are the instructional materials (books) that are being used?					
How would you rate the communication among the Title I teacher, classroom teachers, and building administrator as they strive to meet your child(ren)'s educational needs?					
How would you rate our efforts to involve you in the Title I Program? Circle those activities that you have attended:					
• Parent/Teacher Conferences (Grades 1-3)					
• Meet Your Teacher Night (Grades 1-3)					
• Winter Literacy Night (Grades K-3)					
How would you rate our resources in the Title I program?					
• Title I Calendar (Grades 1-3)					
• Title I Website (Grades K-3)					
• Progress Reports (Grades 1-3)					
• Monthly Newsletters (Grades K-3)					

Positive comments on the Title I program:

Specific recommendations on how to improve the Title I program:

Please return this to your child's Title I Teacher by Friday, May 5, 2016.

NAME (Optional) _____ BUILDING _____