

OPTIONS PROGRAM EVALUATION

Spring 2008

It is time for the Options parents to reflect on how we are doing so we can measure and reveal the things we're doing well and the places that need some attention. The Steering committee and the Options teachers will use the results of this survey to inform us of how to proceed.

We'll do a statistical analysis as well as a subjective summary and give you the results in the parent meeting in April. As with all these types of things, the more returns we get, and the more thought and consideration you put in to it, the more valuable the results will be for planning. Please keep written comments as concise, constructive, and to-the-point as possible.

It is not necessary to sign your name, but the following data will help us to have a better understanding of your responses. Thank you very much for putting the time in to make this effort valuable.

**RETURN ALL COMPLETED EVALUATIONS TO THE BOX IN THE PARENT AREA
BY TUESDAY, MARCH 25**

Circle the closest description of who you are:

ROLE:	Student	Parent	Teacher							
CHILD'S GRADE-LEVEL:	K	1	2	3	4	5	6	7	8	
CLASSROOM VOLUNTEER:		Often			Rarely			Never		
FIELD TRIP SUPPORT:		Often			Rarely			Never		
LENGTH of TIME IN OPTIONS:	1yr				2-4 yrs			5 + years		

NAME: (optional) _____

THE OPTIONS MISSION:

To provide NK students with a community-based education that fosters the development of self-directed, life-long learners through:

- **significant family involvement**
- **interdependent multi-age learning groups**
- **and curricula that are responsive to students' needs and interests**

SECTION 1

PARENT COMMENTS ABOUT THE OPTIONS PROGRAM

1. Please read the Options mission statement and comment on the effectiveness of meeting our goals.
2. How has Options affected your child's sense of self, confidence, ability to solve problems, and understanding of his/her own learning style?
3. Options places a strong emphasis on nurturing creativity and self-expression. Has this made a difference for your student, and if so, how?
4. Tell us a favorite memory of something you did with Options students, or saw students do, that demonstrates what you like about Options.
5. What have you learned about yourself, your child, and/or your family, being part of the Options community? What benefits have you observed or experienced?
6. What changes might we make to help us better achieve our goals? What needs the most attention?
7. How has Options changed your ideas about education?

SECTION 2

PARENT SATISFACTION WITH THEIR CHILD'S PROGRESS IN THE OPTIONS PROGRAM.

Please use the following scale and circle the number that most closely describes your response to each statement / question.

1	2	3
NEEDS WORK	SATISFACTORY	VERY GOOD

- 1) The Options Program is encouraging my child to learn with interest and curiosity.
1 2 3

- 2) My child has been able to progress at developmentally appropriate levels in:

Reading	1	2	3
Writing	1	2	3
Math	1	2	3
Science	1	2	3
Arts	1	2	3
Social/Behavioral Skills	1	2	3

- 3) My child has opportunities to practice the higher order thinking skills of application, analysis, synthesis, and evaluation.
1 2 3

- 4) My child has an increased ability to think about and resolve problems he/she is faced with.
1 2 3

- 5) My child is learning new skills in cooperating with classmates.
1 2 3

- 6) My child is involved in program and classroom goal setting and decision making.
1 2 3

- 7) Options provides a safe and supportive setting in which kids feel confident about taking on new challenges and risks.
1 2 3

SECTION 3

PARENT EVALUATION OF CLASSROOM FUNCTION and ORGANIZATION

- 1) There is follow-through on the curriculum presented by the Options teacher.
1 2 3
- 2) My child's work receives appropriate feedback and review from the teacher.
1 2 3
- 3) Our physical environment helps us achieve our learning goals.
1 2 3
- 4) Discipline issues are dealt with in a fair and respectful manner.
1 2 3
- 5) I feel I have a good understanding of what my child is working on at school.
1 2 3
- 6) I have enough information of assignments to be helpful to my child with her/his homework. 1 2 3

SECTION 4

PARENT EVALUATION OF OPTIONS PROGRAM FUNCTION and ORGANIZATION

- 1) I was provided ample opportunity to bring issues of importance to the parent group.
1 2 3
- 2) The parent group has functioned well in the handling of these various issues
Communication with all parents: 1 2 3
Parent education: 1 2 3
Field Trips: 1 2 3
Parent-led Classes and Projects 1 2 3
Money Management: 1 2 3
Fundraising: 1 2 3
- 3) This year I have attended, or participated in . . .

1 to 5	5-10	Whole-Group Sections of the Parent Meeting	
1 to 5	5-10	Classroom Sections of the Parent Meeting	
1 to 5	5-10	10-15	Parent-Led Activities at School
1 to 5	5-10	10-15	Program Support Activities (other meetings, fundraising, etc)

Finally, what question did you wish we had included in this evaluation?

And how would you answer it?

THANK YOU FOR YOUR TIME!

**RETURN ALL COMPLETED EVALUATIONS TO THE BOX IN THE PARENT AREA
BY TUESDAY, MARCH 25**