

CONVERSATION STARTER TOOLS 2024

Family Survey

This survey was developed by the Center for Universal Education as part of the Conversation Starter Tools, which is a research methodology that can be used by school, district, and/or community organizations to conduct participatory and community-driven research within schools. The survey data are not intended to generalize about participant groups but rather to provide a starting point for conversations.

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Introduction and Consent for Family Survey

[Replace with your organization/school] is conducting a survey to help us develop better family-school communication and collaboration and to understand your perspectives on education.

Your participation is voluntary and the information we obtain will be treated confidentially. We will not ask your name or other personal identifying information. You can choose to answer or not answer any questions and are free to withdraw from further participation in this survey at any time. If you participate, you will receive [include: information on incentive if offered]. This survey will take roughly 10 to 20 minutes.

Thank you for your time. If you have any questions about this survey, please contact [include lead researcher on your team's name and phone, email, or relevant contact information].

Do you agree to participate?

Yes No

(If "no" do not continue with the survey.)

FOR CST TEAM TO COMPLETE

Date completed

__ / __ / ____

Name of survey team member _____

School name _____

I certify that the information is complete and has been checked

Yes

SCHOOL DEMOGRAPHICS

Notes: Adjust school names and grade levels to your education system. If families have more than one child in the school system, they may select more than one grade.

1. **Indicate the school that your child/children currently attends.** (Select one)
 - [list your schools]*
 - [list your schools]*

2. **At this school, what grade is/are your child/children in?** (Select all that apply)
 - [list grades that apply]*
 - [list grades that apply]*

BELIEFS ON EDUCATION

Notes: If you are administering the survey to the whole school population, consider asking families to think about the oldest child when answering the survey, as they may have multiple children in the school. How families answer questions may vary by child's age. Randomize the response options for questions 3-5.

The following questions ask about your beliefs on education. (Think about your oldest child at this school when answering.)

3.1 What do you believe is the most important purpose of school?

(Select top one)

- To prepare for further education (e.g. university, vocational, technical school)
- To develop skills for work
- To be active citizens and community members
- To understand oneself and develop social skills or values
- Additional (please specify) _____
- Don't know/Prefer not to answer

3.2 What do you think your child's teachers believe is the most important purpose of school?

(Select top one)

- To prepare for further education (e.g. university, vocational, technical school)
- To develop skills for work
- To be active citizens and community members
- To understand oneself and develop social skills or values
- Additional (please specify) _____
- Don't know/Prefer not to answer

4. When are you most satisfied with your child's education? When your child is...

(Select top one)

- Gaining skills to understand themselves, developing social skills or values
- Participating in community service/learning
- Gaining skills for work
- Getting good marks in your subjects/exams
- Additional (please specify) _____
- Don't know/Prefer not to answer

5. You are visiting different classrooms to choose the school where you want your child to study. Which teaching and learning practices are most important in your choice?
(Select top one)

- Teacher leads all instruction
- Student participation is central to learning
- Experiences and projects are central to learning
- Technology is central to learning
- Home cultures and languages are central to learning
- Play is central to learning
- Additional (please specify) _____
- Don't know/Prefer not to answer

RELATIONAL TRUST

I am going to make a few statements. Tell me to what extent you agree or disagree with these statements.

✓ Check only one response for each statement.		STRONGLY DISAGREE (1)	DISAGREE (2)	AGREE (3)	STRONGLY AGREE (4)	DON'T KNOW / PREFER NOT TO ANSWER
6	My child's teachers share my beliefs about what makes a good education.					
7	My child's teachers seek and value my input and suggestions.					
8	My child's teachers respect me.					
9	My child's teachers keep the commitments or promises they make.					
10	My child's teachers care about my child and our family.					
11	I am satisfied with the teaching and learning at my child's school.					
12	I am very involved in my child's school.					

TYPES OF AND BARRIERS TO INVOLVEMENT

13. How are you involved in your child's learning or school?

(Select all that apply)

- Not involved
- Supporting or monitoring student learning
- Communicating with teachers & school staff
- Following school news
- Donations (financial)
- Attending school events
- Volunteering in school activities
- Providing feedback on school decisions (e.g. policies)
- Leadership in a parent association
- Additional (please specify) _____
- Don't know/Prefer not to answer

14. What are some challenges you have in being involved in your child's learning or school?

(Select all that apply)

- Lack of time
- Financial constraints
- Transportation
- Lack of technology
- Insufficient communication
- Lack of opportunities for involvement
- Lack of interest
- Literacy, language, cultural barriers
- Not welcoming or unsafe environment
- Health, well-being, or disability
- No challenges
- Additional (please specify) _____
- Don't know/Prefer not to answer

COMMUNICATION

15.1 How do you communicate with your child's teachers about their personal progress?

(Select all that apply)

- I don't communicate with them
- Written note
- Email or newsletter
- Text message (i.e. SMS)
- Social media platform (i.e. WhatsApp or chat, Instagram)
- Telephone call
- In-person meeting
- Additional (please specify) _____
- Don't know/Prefer not to answer

15.2 How do you receive general information from your child's school?

(Select all that apply)

- I don't receive school information
- Written note
- Email or newsletter
- Text message (i.e. SMS)
- Social media platform (i.e. WhatsApp or chat, Instagram)
- Telephone call
- In-person meeting
- Additional (please specify) _____
- Don't know/Prefer not to answer

INDIVIDUAL DEMOGRAPHICS

Notes: Adjust the demographic questions to your context, but make sure to include questions that allow beliefs, experiences, and perspectives to be analyzed across different groups.

16. What is your highest level of education attained?

(Select one)

- Did not attend school
- Less than a secondary school diploma
- Secondary school diploma or equivalency
- Some college
- College/University Diploma or Degree (e.g. university, technical college)
- Graduate (e.g., master's degree, professional degree)
- Additional (please specify) _____
- Don't know/Prefer not to answer

17. What is your primary language spoken at home?

(Select all that apply)

 [Create options by country] Additional (please specify) _____ Prefer not to answer**18. On most days, how often is your household able to cover basic food and living expenses?**

(Select one)

- Never
- Sometimes
- Mostly
- Always
- Don't know/Prefer not to answer

19. Your child's school is which of the following?

(Select one)

- Public (government) school
- Private school
- Community school
- Nonformal learning institution
- Religious school
- Charter school (US only)
- Additional (please specify) _____
- Don't know/Prefer not to answer

20. What gender do you identify with?

(Select one)

- Female
- Male
- Non-binary
- Identity not named (please specify) _____
- Prefer not to answer

21. Does your child enrolled in this school have a disability?

(Select one)

- Yes
- No
- Don't know/Prefer not to answer

THANK YOU FOR YOUR TIME

The survey has come to an end [add information on how they will receive final data].

Optional questions to be added when administering the survey multiple times.

Have you taken this survey before?

Yes No