

# Family Involvement for Student Achievement

## Contact Information

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## Calendar Website

[www.rif.org](http://www.rif.org)

## Incorporating This Into My School/Program

- (1) Decide an area that your school/grade level/program could use improvements in.
- (2) Develop a survey to send to families/fellow teachers/administration/community members (depending on your area of concern) to identify where the greatest needs are.
  - (3) Graph the results.
  - (4) Discover the top needs.
- (5) Brainstorm ideas for improvement with fellow professionals.
  - (6) Develop a plan of action (decide on a timeline)
  - (7) Implement the plan of action.
  - (8) Track/graph your plan/progress.
- (9) Resurvey after time deadline. Graph Results!
  - (10) Reap the benefits of redirect your plan.

# Activity Plan—Time Outline for the Process

## Problem Solving Activity Schedule

Process Steps	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	Sept.	Oct.	Nov.
1. Develop Team													
2. Select Theme/Business Plan Link													
3. Activity Plan													
4. Problem Analysis/Goal Setting													
5. Root Cause Analysis and Verification													
6. Select Countermeasure													
7. Plan Countermeasure													
8. Do Countermeasure													
9. Check Countermeasure													
10. Action on Countermeasure													
11. Result Analysis													
12. Presentation of Activity													

Plan

Actual

# Writing a S.M.A.R.T. Goal

1. **Specific:**

What will the goal accomplish? How and why will it be accomplished?

2. **Measurable:**

How will you measure whether or not the goal has been reached (list at least two indicators)?

3. **Achievable:**

Is it possible? Have others done it successfully? Do you have the necessary knowledge, skills, abilities, and resources to accomplish the goal? Will meeting the goal challenge you without defeating you?

4. **Results-focused:**

What is the reason, purpose, or benefit of accomplishing the goal? What is the result (not activities leading up to the result) of the goal?

5. **Time-bound:**

What is the established completion date and does that completion date create a practical sense of urgency?

Revised Goal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Title I Program Evaluation and Planning Survey

1. Do you think that the Title I program has been beneficial to your child?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Why? \_\_\_\_\_
  
2. Has Title I helped your child in his/her regular classroom?  
Yes\_\_\_\_\_ No\_\_\_\_\_ Please Explain: \_\_\_\_\_
  
3. What do you feel are the strong features of the Title I program?  

<input type="checkbox"/> boost in child's confidence	<input type="checkbox"/> extra comprehension strategies
<input type="checkbox"/> book in a bag	<input type="checkbox"/> fun environment
<input type="checkbox"/> daily reinforcement of skills taught	<input type="checkbox"/> rewards for at home reading and/or AR
<input type="checkbox"/> extra phonics help	<input type="checkbox"/> extra student support
<input type="checkbox"/> extra fluency practice	<input type="checkbox"/> communication with parents
  
4. What things did your child seem to enjoy/dislike about the Title I program?  
Enjoy\_\_\_\_\_
  
- Dislike\_\_\_\_\_
  
5. Do you feel that there was enough communication with the Title I teacher(s) regarding your child's progress during the year?
  
6. Do parents receive enough information concerning the Title I Program? Yes\_\_\_\_\_ No\_\_\_\_\_ Please explain: \_\_\_\_\_
  
7. How often do you work with your child at home?  

<input type="checkbox"/> 0-1 days per week	<input type="checkbox"/> 4-5 days per week
<input type="checkbox"/> 2-3 days per week	<input type="checkbox"/> 6-7 days per week
  
8. What is the most beneficial thing(s) that you do at home to help your child succeed in school?  

<input type="checkbox"/> read with	<input type="checkbox"/> read to
<input type="checkbox"/> play games	<input type="checkbox"/> write in a journal with your child
<input type="checkbox"/> talk about stories	<input type="checkbox"/> write about stories
<input type="checkbox"/> invent stories	<input type="checkbox"/> review letter/wording
<input type="checkbox"/> take picture walks	<input type="checkbox"/> review of things taught in school
  
9. What is the biggest hindrance(s) that you face in helping your child with reading?  

<input type="checkbox"/> creativity	<input type="checkbox"/> finances	<input type="checkbox"/> job
<input type="checkbox"/> split family	<input type="checkbox"/> time	<input type="checkbox"/> health issues
<input type="checkbox"/> multiple children	<input type="checkbox"/> overwhelmed	
<input type="checkbox"/> culture	<input type="checkbox"/> student attitude	
  
10. What suggestions or recommendations do you have to improve the Title I program?  
\_\_\_\_\_

*(Added in resurvey questionnaire the second year):*

*Have the at-home calendars/activity charts helped you in aiding your child with educational ideas at home? Yes\_\_\_\_\_ No\_\_\_\_\_ Please Explain: \_\_\_\_\_*