



Parent/Guardian Evaluation

STRIVE	
Parent/Guardian's Name:	Date:

We would like to make sure that we are serving you to the best of our ability. Please take time to complete the following evaluation. This will be a great assistance to the program as we continue to STRIVE for excellence.

Please place a check mark in the appropriate box for your answer.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Parent/Guardian Evaluation					
My child is motivated to graduated from high school					
My child is a good reader					
My child's school is providing enough to ensure that he/she graduate					
This is my child's first suspension					
I have a working computer in the home					
I am comfortable using the computer					
I take time to help my child with his/her homework					
I find my child's homework difficult to understand					
I attend PTA					
I attend parent - teacher conferences					
I will participate in STRIVE workshops and activities					

Check appropriate areas:

I or my spouse is in the military _____yes _____no.

If yes, which branch ____Army ____Navy ____Air force ____Marines?

Householder: Married couple family _____ Other family: Male no wife ____ Female no husband _____

Unmarried Partner household _____ Nonrelatives: Friends: _____, Group home_____, Foster care_____,

Other_____.