

Parent Survey from the Illinois MEP

Regular Term Version

Title or topic of the activity: _____ **Date:** _____

My child(ren) participating in the Migrant Education Program is(are) in (check all that apply):

- Preschool/Kindergarten
 Elementary
 Middle School
 High School

What parent activities did you participate in? (check all that apply)

- Math home games
 Reading with my child
 Learning activities for the home
 Online workshops

Directions: Please fill in one circle for each line below. Which rating best describes your experiences with the Migrant Education Program services? Thank you.

How much did you learn about helping support your child or children with...	Not Applicable (N/A)	Not at all	A little	Some	Very much
1. success in school?	○	○	○	○	○
2. learning in the home?	○	○	○	○	○
3. remote learning?	○	○	○	○	○
4. How confident are you that you can use the information and activities on your own?	○	○	○	○	○

Rate MEP Services	Not Applicable (N/A)	Poor	Fair	Good	Very Good
5. Migrant program learning activities.	○	○	○	○	○
6. How well did the program do in providing information and services to promote children's health and well-being through things like health information, nutrition information, transportation, and information about community resources?	○	○	○	○	○
7. How well did the program do helping motivate children to do academic activities?	○	○	○	○	○

8. What did you like best about this activity?

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9. How would you change the Illinois Migrant Education Program to make it better?

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Link to online version of the survey: