

Name \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

## *Parent/Community Survey*

1) Do you believe there is a student performance gap at this school? \_\_\_\_ Yes \_\_\_\_ No  
Why or Why Not?

2) What has to change at our school to close the student performance gap?

3) What do our parents have to do differently in order to close the student performance gap?

4) What do our teachers have to know and do differently to close the gap?

5) What does the leadership have to know and do to close the gap?

Questions/Comments: \_\_\_\_\_

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*Return to Kim Colson at Administration Center - 2101 6th Avenue, Rock Island*