**Sample Needs Assessment Survey**

ABC PTA needs your help. To provide you with the types of programs and services you need and want, ABC PTA asks you to complete the following survey. Your answers will help us help you and your child. Please fill in or circle your answers, as appropriate.

1. Please fill in the grade of each child you have in school.
2. Are you a member of ABC PTA?
	1. Yes b. No
3. Please rank the following in order of importance to you: (1 = most important, 11 = least important)

\_\_ Safety and security when my child is at school

\_\_ Healthy food choices for my child at school

\_\_ Resources on parenting

\_\_ Physical education or activities for my child at school

\_\_ Arts education for my child at school

\_\_ Improving my child’s academic success

\_\_ Opportunities to be involved at school

\_\_ Opportunities to interact with other parents and families

\_\_ Effective parent-teacher communication

\_\_ Adequate funds for my child’s school

1. If ABC PTA announced it would act on the area of most importance to you, how likely would you be to get involved?
2. Very likely
3. Somewhat likely
4. Somewhat unlikely
5. Very unlikely
6. Overall, how satisfied are you with how ABC PTA serves your school?
7. Very satisfied
8. Somewhat satisfied
9. Somewhat dissatisfied
10. Very dissatisfied
11. In your opinion, what are the strengths of ABC PTA? What successful things can it build on?
12. In your opinion, what are the weaknesses of ABC PTA? What challenging things can it improve on?

1. Please add any other comments you may have on ABC PTA and your school.

*Please complete and return this survey by (DATE) to (PERSON’S NAME)
at (ADDRESS OR DROP-OFF LOCATION).*

**Thank you for participating in this survey!**