



Division of Student and Family Support Programs
2025-2026 School-Level Title I Parent and Family Engagement Feedback Form

School Name: HOMESTEAD SENIOR HIGH SCHOOL **Date:** _____ **Loc. #:** 7151
Student Name: _____ **Student ID:** _____

Parent or Family Member's Name	Telephone Number	Email Address

Directions: Please complete the 2025-2026 School-Level Title I Parent and Family Engagement Feedback Form to assist our school with the implementation of the Title I Schoolwide Program by identifying the interests and needs of your family. The results of this feedback form will also be utilized to help in the development of the Title I School-level Parent and Family Engagement Plan (PFEP), and future parent and family engagement activities, events, and workshops.

1. From the list below, please identify the topic(s) that you would like to receive additional information on:

- | | |
|---|---|
| ☐ a. How to access resources for parents | ☐ h. Information about the Title I District Advisory Council (DAC) and Parent Advisory Council (PAC) |
| ☐ b. How to become a school volunteer | |
| ☐ c. How to join PFEP Review Meetings | |
| ☐ d. How to join the PTA/PTSA | ☐ i. Florida State Standards and Testing Requirements |
| ☐ e. How to work with my child at home | ☐ j. The Title I Schoolwide Program |
| ☐ f. How to request tutorial services for my child | ☐ k. Services for Students with Special Needs |
| ☐ g. The Parent Portal | ☐ l. Other: _____ |

2. What type of workshops would you like our school to present in order to best assist you in helping your child?

- | | | |
|--|---|--|
| ☐ a. Academic Motivation | ☐ g. Cyber Bullying | ☐ p. Nutrition |
| ☐ b. Academic Requirements | ☐ h. Distance Learning | ☐ q. Parenting Strategies |
| ☐ c. Anti-Bullying | ☐ i. Drug Awareness | ☐ r. Test-Taking Strategies |
| ☐ d. Balancing my child's continuous use of technology with more physically engaging activities | ☐ j. Improving Math Skills | ☐ s. Raising Responsible Children |
| ☐ e. Basic Computer Skills | ☐ k. Improving Reading Skills | ☐ t. Virtual Meetings |
| ☐ f. Building Self-Esteem | ☐ l. Improving Science Skills | |
| | ☐ m. Internet Safety | |
| | ☐ n. Learning Disabilities and Special Education | |
| | ☐ o. Mental Health | |

3. What is the most convenient time for you to attend our school activities and workshops?

- ☐ a. Mornings ☐ b. Afternoons ☐ c. Evenings ☐ d. Virtual Meetings



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4. Do you have the capability to attend workshops/meetings virtually via Zoom? ☐ Yes ☐ No
5. Do you require any special assistance during our school activities and workshops (e.g., language interpreter, handicap access/parking, Sign Language interpreter, etc.)?
- ☐ Yes _____ (please specify) ☐ No
6. What suggestions do you have to assist with the redesigning of services, activities, and effectiveness of the school? List suggestion(s) below:

Thank you for taking the time to complete this feedback form.