



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

School Name: Cutler Bay Middle School **Date:** _____ **Loc. #:** 6111

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:

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

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

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