Comfort ISD

Title 1 Parent Meeting

Parent Feedback

Fall Meeting

1. Would you like to volunteer or serve on a committee?
   _____ YES
   _____ NO

   If so, please list your contact information:

2. What form of communication works best for you?

3. What kinds of information do you most want to receive from the school?

4. What are the strengths of your school and community?

5. What might schools, parents, and families, and the community do differently to work together more successfully?

6. Would you like to be a substitute teacher?
   _____ YES If yes, please write your name and phone number:
   _____ NO

7. Would you like to be a bus driver?
   _____ YES If yes, please write your name and phone number:
   _____ NO