



Linkages to Learning- Year End Parent/Caregiver Satisfaction Survey

Linkages to Learning is a collaboration between Montgomery County Department of Health and Human Services, Montgomery County Public Schools, and non-profit partners.

Please answer the following questions about your experiences as a participant in our services.

Thank you for completing this survey. We value your feedback. Please help us improve our services by answering the questions below. Your answers are anonymous.

SECTION I:

Date Completed: _____

Reason for completing survey:

- End of School Year
- Discharge from Services

Please select the school your child(ren) attend:

- | | | |
|---|---|---|
| <input type="checkbox"/> Arcola ES | <input type="checkbox"/> JoAnn Leleck ES | <input type="checkbox"/> Rosemont ES |
| <input type="checkbox"/> Eastern MS | <input type="checkbox"/> Kemp Mill ES | <input type="checkbox"/> Sargent Shriver ES |
| <input type="checkbox"/> Fox Chapel ES | <input type="checkbox"/> Loiederman MS | <input type="checkbox"/> Silver Spring Intern. MS |
| <input type="checkbox"/> Forest Oak MS | <input type="checkbox"/> Maryvale ES | <input type="checkbox"/> South Lake ES |
| <input type="checkbox"/> Gaithersburg ES | <input type="checkbox"/> Montgomery Knolls ES | <input type="checkbox"/> Summit Hall ES |
| <input type="checkbox"/> Gaithersburg MS | <input type="checkbox"/> New Hampshire Estates ES | <input type="checkbox"/> Viers Mill ES |
| <input type="checkbox"/> Georgian Forest ES | <input type="checkbox"/> Oak View ES | <input type="checkbox"/> Washington Grove ES |
| <input type="checkbox"/> Greencastle ES | <input type="checkbox"/> Parkland MS | <input type="checkbox"/> Weller Road ES |
| <input type="checkbox"/> Harmony Hills ES | <input type="checkbox"/> Pine Crest ES | <input type="checkbox"/> Wheaton Woods ES |
| <input type="checkbox"/> Highland ES | <input type="checkbox"/> Rolling Terrace ES | |

SECTION II: SATISFACTION

PLEASE HELP US IMPROVE OUR SERVICES BY ANSWERING THE FOLLOWING QUESTIONS.

1. How long have you/your child(ren) participated in Linkages? (Please select one)

- 1-5 months
- 6-12 months
- 1-2 years
- 3-4 years
- 5+ years

2. What services has your family received from Linkages to Learning? (Please check all that apply)

- Child/Family Counseling
- Children's Group
- Parent Groups / Workshops
- After School/Spring Break/Summer Activities
- Family Case Management/Social Services
- Other _____

SECTION III:

How do you feel about your experience with Linkages this school year?

3. I was served in a timely manner

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

4. I was treated with respect

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

5. My needs were understood

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

6. Overall, I was satisfied with the service I received

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

7. I have learned ways to become more involved in my child's education

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

8. I have learned ways to become more involved in the school community

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

9. What services have been most helpful to you or your child(ren)?

SECTION IV: INTERPRETATION

10. Did you need English interpretation or Sign language help?

- Yes
- No
- Does Not Apply

11. If Yes, did you receive translation services?

- Yes
- No
- Does Not Apply

12. Were you satisfied with the translation services provided?

- Yes
- No
- Does Not Apply

SECTION V: Additional comments / suggestions

13. Please add any additional comments or suggestions:

SECTION VI: DEMOGRAPHICS

In order to better serve all of our clients, we'd like to know something about you.

14. What is your gender?

- Male
- Female
- Non-binary/Genderqueer/Third Gender
- Prefer to self describe
- Prefer to self describe as: _____
- Prefer not to answer

15. Do you identify as transgender?

- Yes
- No
- Prefer not to answer

16. How old are you?

- 18 or younger
- 19-64 years
- 65 and older

17. Are you Hispanic or Latino?

- Yes, I consider myself to be Hispanic or Latino
- No, I do not consider myself to be Hispanic or Latino

18. What is your race/ethnicity? (Check all that apply)

- Asian
- Black / African / African American
- White or Caucasian
- Native American / Alaskan Native / Indigenous
- Native Hawaiian / Pacific Islander
- Multiracial or Biracial
- Other race or ethnicity
- Prefer not to answer

Thank you for your time!