

Forrest Hills Elementary Community Coalition Survey

1. Parent/Resident Names: _____
2. Young Children? _____ DOB (mm/dd/year)_____
3. How Long Have You Lived In The Area? (years/months)_____
4. Have you made a decision about where you will send your child to elementary school?
 - i. Reasons Why You May Choose FHE?
 - ii. Reasons Why You Will Not Choose FHE?
5. Are you considering moving to another area because of the school? (YES / NO / Undecided)
If So, What Would It Take (Changes/Improvements in School)
For You To Change Your Mind?
6. Did You Know We Have Been Awarded A \$15,000 Grant From The State of Georgia? (YES/NO)
7. How Would You Like To See FHECC Use This Money (programs, projects, etc.)?
8. What Are Ways You Think This Group Can Make A Difference?
9. In your opinion, what do you think creates a “successful” school?
10. Where do you see yourself – role or participation in that success?
11. Have You Ever Visited Forrest Hills Elementary?
 - i. If No - Why Not?
 - ii. If Yes - positive or negative feedback?

12. Would you be interested in attending an Open House at Forrest Hills Elementary?

1. If so, what information would you like to receive?

13. What Programs/Special Classes Would You Like To See Offered at FHE?

14. Have you considered the International Community Charter School?

If Yes, why?

15. At this time, what Is Your Commitment Level (Helping Us Improve And Support Our Elementary School)?

25% I just want to see what will happen.

50% I want to get involved, I just don't know how.

75% I really want to see the school get better and want to help when I can.

100% I want to help as much as I can. I consider this a high priority for my family and community.

16. Are You Interested In Joining This Group? (YES / NO)

If No, Why?

17. What Would It Take For You To Become More Involved?

18. Would You Consider A Leadership Role AND Join Our Steering Committee? (YES / NO)

If Not – Is There Someone You Can Recommend? (please include contact info below)

19. Do you have professional skills, contacts or work experience that might be helpful to this group?

20. What Amount Of Time (Level of Commitment) Are You Willing To Make?

1-2 hours per month 2-3 hours per month 1-2 hours per week 2+ hours per week

If You Would Like To Receive Information And/Or Be Contacted:

Please provide an **email address** if you want information sent via email:

(please print) _____

Please provide a **mailing address** if you want information sent via mail: (please print)

Street Address: _____ City: _____ Zip: _____

Contact Telephone Number: _____

*Please submit this survey either via email to fhecc@hotmail.com or
mail to FHECC, P.O. Box 2632, Decatur, GA 30031-2632*