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GOSHEN
CENTRAL SCHOOL DISTRICT

BOARD OF EDUCATION

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Title I Feedback and Evaluation Form

Initiated by: _____ Date: _____

Address: _____

School: _____

Are there barriers to greater participation by parents and family members for any of the reasons listed in the policy?

Do you feel that you can engage with school personnel and teachers to address the needs of parents and family members that are assisting their child's learning?

Has the district implemented strategies to implement successful school and family interactions?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please return this completed copy to your child's principal. The principal will respond to the letter with a face-to-face conference to discuss your concern(s). If you are still not satisfied with the response, you will be referred to the Superintendent. If your concerns still are not resolved, you may appeal to the New York State Education Department and ultimately the U.S. Department of Education. Please see the District website (www.gcsny.org) for the Written Complaint and Appeal Procedures.