



MILWAUKEE PUBLIC SCHOOLS
 Division of Teaching and Learning
 Non-public School Title Program Coordination

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Title IA Service Provider Satisfaction Survey

To: <<Principal>>
 <<School>>
 Title I Service Provider: <<Title I Personnel Type>>, Grades Served: <<Grade Ranges>>
 From: Edward Valent, Title Programs for Non-public Schools
 Re: Title I Services to Non-public Schools Serving Eligible City of Milwaukee Resident Students
 Date:

Your school is working with one of four service providers selected to offer Title IA programming for eligible City of Milwaukee students this year. We are asking you to respond to a brief questionnaire related to Title services at your school. The questionnaire may be returned directly to MPS in the prepaid mailer provided. Results of this semi-annual survey may be found at: http://www2.milwaukee.k12.wi.us/title_i/Web_Pages/non-public.html#anchor2

- Type of service provided:
- on site instruction
 - parental involvement and staff development activities only
 - Title I funds turned back to MPS

hours of professional Title IA service delivered at school per week:

Title IA teacher(s) _____, Para(s)/Aide(s) _____, Counselor(s) _____,

students served: _____ Minutes of Title IA service provided per week to each student _____

Please rate service provider on these criterion and add any additional comments as attachments.

- | | | | | | | | | |
|--------------------------|--------------------------|-----------|--------------------------|----------|--------------------------|------|--------------------------|----------------|
| Communication | <input type="checkbox"/> | very good | <input type="checkbox"/> | adequate | <input type="checkbox"/> | poor | <input type="checkbox"/> | no opinion yet |
| Educational Services | <input type="checkbox"/> | very good | <input type="checkbox"/> | adequate | <input type="checkbox"/> | poor | <input type="checkbox"/> | no opinion yet |
| Parental Involvement | <input type="checkbox"/> | very good | <input type="checkbox"/> | adequate | <input type="checkbox"/> | poor | <input type="checkbox"/> | no opinion yet |
| Professional development | <input type="checkbox"/> | very good | <input type="checkbox"/> | adequate | <input type="checkbox"/> | poor | <input type="checkbox"/> | no opinion yet |

Person completing survey (optional, please print) _____

Phone number or extension (optional) _____

Additional written comments listing program strengths and weaknesses, questions, or suggestions are appreciated.