



**MILWAUKEE PUBLIC SCHOOLS**  
 Division of Teaching and Learning  
 Title Programs for Non-public Schools

Milwaukee Public Schools Central Services  
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**Title I Service Provider Satisfaction Survey**

To:

Title I Service Provider: , Grades Served:

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: May 27, 2004

Your school is working with one of three service providers selected to offer Title I 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 in the prepaid mailer provided or via fax to 475-8074.

- Type of service provided:
- on site instruction
  - off site instruction
  - parental involvement and staff development activities only
  - Title I funds donated another school or a pool
  - Title I funds turned back to MPS

# hours of service delivered at school per week: \_\_\_\_\_ # students served: \_\_\_\_\_

minutes of Title I service provided per week to students (provide range if appropriate): \_\_\_\_\_

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.**