Dear Parents/Guardian and/or Student:

The Madison Metropolitan School District is contacting those families who have chosen to have their child(ren) be provided a home based education. It is the district’s sincere desire to seek feedback from these families as a way of assessing how we might better serve parents and students in Madison Schools. Specifically, it would be helpful if those who have chosen the home based education option would identify the reason(s). Through this type of feedback, it may be possible to consider new district initiatives, which would help us improve our service to students and the community in general.

Your participation in this brief survey is voluntary and any responses need not have a signed name. We have provided a space for you to sign your name if you wish so that, if we need clarification, we may contact you.

Our primary goal is to seek ways to improve our schools. It should be repeated that any responses are voluntary and whether or not you return a survey will not affect your status in our district.

Please return the survey in the enclosed self-addressed stamped envelope by Friday, February 13, 2009, or take the survey online at: http://www.zoomerang.com/Survey/?=WEB228PGMU3DXQ. Thank you in advance for your cooperation.

Sincerely,

Daniel A. Nerad, Ed.D.
Superintendent of Schools

Enclosures
Your reason(s) for choosing a home-based education option was/were (check as many as apply to your decision):

□ Concern about environment of other schools including safety, drugs, or negative peer pressure.

□ Dissatisfaction with curricular programs at other schools. If you checked this item, please identify what program(s) in the school/district influenced your choice:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

□ To provide religious or moral instruction.

□ Child has a physical or mental health problem.

□ Child has other special needs.

□ It was the child’s choice.

□ To allow parents more control over what child was learning.

□ The flexibility it provides to our family’s needs.

□ Other: (Please identify the other reason(s) below.)

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Were there specific things you were dissatisfied within the Madison Metropolitan School District which caused you to choose to home school your child(ren)? □ Yes □ No □ Does not apply

If yes, please identify the specifics below:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

If Madison had a full time online school would you consider that option? □ Yes □ No

If your child(ren) were given the option to attend a different MMSD school other than their home attendance area school on a transfer would you be interested? □ Yes □ No

If yes, which school(s)? ________________________________________________________________________________________________

Did you know that home schooled students living in the Madison School District can take two classes in the school building? □ Yes □ No Would you like more information on this option? □ Yes □ No

OVER – MORE ON BACK
Voluntary Section:

At what grade level would your child be assigned if they were attending an MMSD school?

__________________________________________________________________________

Has (Have) your child(ren) ever attended an MMSD school? □ Yes □ No

If yes, for how many years did they attend MMSD schools? ________________________________

Please provide any additional comments/suggestions below or attach an additional sheet:

Name (voluntary) ___________________________ Phone Number (voluntary) ________________