

**TARTAN HIGH SCHOOL ACTIVITIES DEPARTMENT
PARENT SURVEY**

PURPOSE: The Activities programs at Tartan High School are committed to a self-study for the purpose of identifying strengths and areas for growth. This survey is very important in gathering the information necessary to accomplish this goal.

ACTIVITY/SPORT _____ **MALE/FEMALE ACTIVITY: M** _____ **F** _____

LEVEL OF ACTIVITY: VARSITY _____ **JV** _____ **"B"** _____ **9A** _____ **9B** _____

STUDENT NAME: _____ **PARENT NAME** _____

(PLEASE CHECK THE BOX THAT BEST REPRESENTS YOUR EXPERIENCE)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1. The advisors/ coaches were caring, enthusiastic and motivated.					
2. The advisors were consistent in day to day relationships and provided positive feedback to team members.					
3. The activity was well organized with clear expectations.					
4. Adequate facilities, staff and equipment were provided.					
5. The advisors were aware of my child's needs.					
6. I was made aware of the basic goals of the program.					
7. The advisors stressed good academics and hard work.					
8. The THS chemical, behavioral, and academic violations were discussed and made clear to the group.					
9. The advisors encouraged and demonstrated sportsmanship and respect for the rules.					
10. The standards for the group were announced and enforced.					
11. My child learned something valuable and useful from this activity.					
12. My child was challenged to reach a higher level of achievement.					
13. An emphasis was made to develop fundamental skills, physical conditioning and dealing with adversity.					
14. I would choose to have my child participate in this activity again.					

You are encouraged to comment on the back regarding our strengths and weaknesses you feel may need attention. Thank you for your participation!

**Please return to: bmunter@isd622.org
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