**Special Olympics Unified Champion Schools (UCS) Family Engagement Short Survey**

Your child takes part in the Special Olympics UCS program at [name of school]. This includes [types of activities at your school]. We want to know how involved and included you feel with the UCS program to help us identify areas of improvement and/or success.

Please check the box ( X ) for the rating that best matches your opinion.

Your Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never**  | **Rarely** | **Sometimes**  | **Often**  | **Always**  |
| I know what is going on with UCS activities at the school.  |  |  |  |  |  |
| I feel welcome to attend UCS activities or events. |  |  |  |  |  |
| I am encouraged to help plan UCS activities or events. |  |  |  |  |  |
| When I have a question about UCS, I feel comfortable asking [insert name of UCS coach or teacher] at school.  |  |  |  |  |  |
| [insert name of UCS coach or teacher] listens to me when I have concerns about UCS. |  |  |  |  |  |
| I receive communications about UCS activities in a timely manner. |  |  |  |  |  |
| My child receives the support they need to participate in UCS. |  |  |  |  |  |
| My child feels included in UCS activities and events. |  |  |  |  |  |

**What can the UCS staff do to help you and other families get more involved in UCS activities and events?**

If you would you like someone from the school to follow up with you about your survey responses, please provide your contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing the survey! Your responses will help us to identify areas of improvement and/or success.
Please feel free to contact [insert name, phone email] with any additional comments or questions.

Please return this survey to [insert name of school staff and/or email address here]