**(Center Name)**

**Advisory Council Member Survey Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **1. Do you regularly attend the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisory Council meetings?** |

* Regularly - I wouldn't miss it!
* Sometimes - I try, but don't always manage to get there.
* Rarely - My schedule doesn't allow.
* No - Not interested any longer\*
* I attend when I can, but I’m no longer able to serve on the council\*

**\*If you will not be serving on the council next school year, can you recommend someone to take your place? (please list their names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. What are some suggestions to make our council time together more useful?**

**3. If you find it difficult to attend meetings, what has held you back that we may be able to change to increase attendance?**

**4. Your feedback is important! Please give your suggestions, thoughts and program ideas for improvements and/or changes needed to fortify the (Center Name) ’s ability to play a vital role in the education of our students and the strengthening of families.**

**5. Advisory Council meetings: Which days and times are possible for you?**

**(Circle all that are possible)**

**Day: Monday Tuesday Wednesday Thursday Friday**

**Time: Morning**. **Lunch hour Afternoon Evening**

(7 – 10:30) (11:00 – 1:00) (1:30 – 4:00) (4:30 – 7:30)