

Sample School
School Profile 1 - Contact Data

[Return To The POC Control Page](#)

Use the TAB Key to move from field to field, not the ENTER Key

School Street Address:

City:

Zipcode:

School Telephone:

()

School Principal First Name:

School Principal Last Name:

School Principal Email:

Is the above school information correct? Yes No

● 1. Does your School Leadership Team include any of the following members? (specify all that apply).

- Principal
 - Assistant Principal(s)
 - General Education Teachers(s)
 - Special Education Teachers(s)
 - School Psychologists(s)
 - School Counselors(s)
 - School Social Worker(s)
 - Family Member(s)
 - Instructional Coach(es)
 - Community Partner(s)
 - Other
- Specify if 'Other' checked:

● 2. Who leads your School Leadership Team?

- Principal Assistant Principal Other
- Specify if 'Other' checked:

● 3. If your team does not include a family member, is there a plan to include a family member?

Yes
No

● 4. My school regularly shares information with families about VTSS and related activities.

Strongly Agree
Disagree
Neutral
Agree
Strongly Agree
Don't Know

● 5. Within the past year, my school planned and implemented an event that shared important aspects/key features of VTSS with families.

Strongly Agree
Disagree
Neutral
Agree
Strongly Agree
Don't Know

● 6. My school has formal strategies for informing families about expected student behaviors and academic achievement at school.

None
Few
Some
Most
All
Don't Know

● 6. Does your school or division have a formal vision statement of family engagement?

Yes
No

● 6a. If 'Yes', please copy and paste the vision statement into this text box.