			_	_			_			_	
1	n	u	1.	1 .		$^{\circ}$	- 1			. 1	١.
	_	11	n	11	\sim	`	\sim	വ	\sim	n	c
		u	u	11	•	.,	u		w		

Johnson-O'Malley Needs Assessment Survey

Only parents/guardians of eligible JOM students can complete the survey.

1.	Please check below any needs or services that should be provided through the Johnson-O'Malley program.									
	A. Tutoring: Elementary Secondary Before school During school After school									
	B. School Supplies									
	C. Cultural Programs									
	D. Career Counseling/Higher Education Orientation									
	E. Academic Fees (ACT, SAT, PSAT, AP, Vocational Technology)									
	F. Extracurricular Activities (Robotics, Youth Council, Student Association)									
	G. Student Incentives (honor roll, perfect attendance, graduation)									
	H. Professional Development for staff, tutors, Indian Education Committee									
	I. Other suggestions:									
2.	Select your choice of the three (3) most important needs listed above.									
	ab									
	C									
3.	Would you consider joining the Indian Education Committee? If not, please state reason.									
4.	Public comment.									
5.	Check the category that best describes you: Parent/Guardian In Loco Parentis (acting as temporary guardian)									
	SIGN NAME and RETURN by :									