

MAGNET PROGRAMS MARKETING SURVEY

These questions ask how you learned about a magnet program and why you chose to apply to a program/school. This information is important and helps us provide continuous magnet program improvement.

1. What is the name of the school for which you are registering? _____

2. What is the name of the magnet program for which you are registering? _____

3. Why did you select this magnet program? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Quality Teachers & Administration | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Quality of Magnet Program | <input type="checkbox"/> Provision Of Transportation |
| <input type="checkbox"/> Interest In Theme | <input type="checkbox"/> Continuation In Theme |
| <input type="checkbox"/> Other (Please Specify) _____ | |

4. Do you believe magnet programs prepare students for post-secondary education and careers for the 21st century? Yes No

5. Did your child take any high school credits at their previous school? Yes No

6. How did you hear about magnet programs? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Brochure or Postcard | <input type="checkbox"/> Friend | <input type="checkbox"/> PTA/Advisory Meeting |
| <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> School | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> School Newsletter | <input type="checkbox"/> Open House | <input type="checkbox"/> Guidance Counselor |
| <input type="checkbox"/> Magazine Ad | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

7. What mode of technology would you like to receive magnet information? Please check all that apply.

- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Text Message | <input type="checkbox"/> Email | <input type="checkbox"/> Web Chat |
| <input type="checkbox"/> Website | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

8. Is this your first year as a magnet student? Yes No

9. If you answered "no" to question #8, how many years have you been attending a magnet school? _____

For the next questions please check the appropriate information.

10. Gender: Male Female

11. Is your child Hispanic or Latino? Yes No

12. Ethnicity/Race: White or Caucasian Black or African-American Asian American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Multiracial