



## Parental Advocacy Survey

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

School Administrator? y/n      Scholarship Parent y/n # of students on scholarship \_\_\_\_\_

**To properly utilize each of its members, FACE would like to know your willingness to represent the organization in advocating and defending school choice initiatives by performing each of the following actions. Please indicate which activities you would like to participate in.**

\_\_\_\_\_ Sending letters, postcards, faxes, or emails to legislators who support and oppose school choice

\_\_\_\_\_ Making phone calls to legislators who support and oppose school choice

\_\_\_\_\_ Writing letters to the editor in local newspapers

\_\_\_\_\_ Attending editorial board meetings

\_\_\_\_\_ Participating in meetings with legislators or their personal aides

\_\_\_\_\_ Scheduling personal meetings with legislators or their personal aides

\_\_\_\_\_ Assisting in the organization of rallies and other events

\_\_\_\_\_ Speaking on behalf of the organization at rallies and other events

\_\_\_\_\_ Representing the organization in media outreach campaigns (television, radio)