

State Evaluation of 21st Century Community Learning Centers 2008 Parent Survey

This is a survey about how parents feel about this after-school program. Your answers will be kept private—no one in the program will know what you answered. Each person in the survey has been assigned a confidential code number that is known only to the MSU evaluation team. All answers will be sent to researchers at Michigan State University, who will pull together all the information **without any names**. No one in the program will know what you answered. This information will be used by the program and the state to make improvements in the program. To keep your answers private, **you must tear off the page with your name on it before you turn this survey in.**

There are no right or wrong answers—your answers will be used only to assess the program as a whole. All information is voluntary—you may choose not to complete this survey or to skip certain questions, and it will not affect your child’s participation in the program. If you are able to fill out the survey, we appreciate it very much. When you are finished, please place the completed survey in the envelope marked “CONFIDENTIAL.”

For each question, fill in the circle next to the information that applies to you. You can use a pen or a pencil to fill in the circles. Some questions ask you to fill in only ONE circle, while others ask you to fill in ALL the circles that apply to you. For example (do not fill out):

Please answer each question by filling in the circle next by the answer. For example:

Example 1

	None	One	Two	Three	Four	Five
How many nights each week does your child come to this program?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Example 2

What activities does your child take in this program? Fill in ALL the circles that are next to activities you are in.

<input checked="" type="radio"/>	Homework help
<input type="radio"/>	Computers
<input checked="" type="radio"/>	Basketball
<input checked="" type="radio"/>	Art

Date: _____

What is your relationship to the child named on the cover sheet? CHOOSE ONE ANSWER.			
<input type="radio"/>	Mother	<input type="radio"/>	Father
<input type="radio"/>	Stepmother	<input type="radio"/>	Stepfather
<input type="radio"/>	Grandmother	<input type="radio"/>	Grandfather
<input type="radio"/>	Other female relative	<input type="radio"/>	Other male relative
<input type="radio"/>	Foster mother or other female guardian	<input type="radio"/>	Foster father or other male guardian

Enrolling in the Program

How important was each of the following reasons in deciding to enroll your child? (Fill in ONE answer on each line)	Not important	Kind of important	Very important
It is a safe place for my child after school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It will help my child stay out of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It provides dependable after-school care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It provides affordable after-school care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School staff suggested that my child enroll.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope it will help my child do better in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has a disability or learning problem that this program can help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (write below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where did you hear of this program? (Fill in the circles next to ALL the answers that apply)
<input type="radio"/> From the school.
<input type="radio"/> From another parent.
<input type="radio"/> From a community organization.
<input type="radio"/> From my child.
From somewhere else (describe below):

Your Experiences with the Program	Strongly disagree	Disagree	Agree	Strongly agree
This program has good equipment and facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program informs me about family events that I can go to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attend family events at this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program informs me about activities that my child can participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Experiences with the Program	Strongly disagree	Disagree	Agree	Strongly agree
If I have ideas about the program, staff will listen to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I wanted to help at this program, staff would be happy to get me involved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my child is safe in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child talks about what he/she does in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program has many interesting activities for my child to participate in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program spends the right amount of time on academics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This program spends the right amount of time on recreation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your Experiences with the Staff	Strongly disagree	Disagree	Agree	Strongly agree
When I go to the program, staff greet me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff keep me informed about how my child is doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff in this program give my child individual attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At least one staff in this program has a strong relationship with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get to the program, staff are hanging out with other staff instead of being with the kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff treat me in a positive way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff at this program do an okay job of discouraging and dealing with bullying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go to the program, staff are doing things with the kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff in this program know how to work with a child like mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Grade the Program	A Excellent	B Good	C Fair	D Unsatisfactory	F Failing
What overall grade would you give your child's after- school program? (CHOOSE ONLY ONE ANSWER.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much did your child learn at this program?

BEFORE your child came to this program THIS YEAR , how good was he/she at:	Not very good	Okay	Pretty good	Very good
Reading, English, language arts, writing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solving problems in positive ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying away from drugs and alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling good about him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playing sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helping his/her community or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music, dance, drama skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other school subjects (science, social studies).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting along with other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with computers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a leader.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NOW how good is your child at:	Not very good	Okay	Pretty good	Very good
Reading, English, language arts, writing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solving problems in positive ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying away from drugs and alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling good about him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Getting along with other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with computers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a leader.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What do you like about this program? (write below)

Empty rectangular box for writing responses to the first question.

What would you like to be different about this program? (write below)

Empty rectangular box for writing responses to the second question.

Thank you for filling out this survey!

Don't forget to tear off the page with your name on it before you turn this survey in.

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