

# Parent's Questionnaire

## INTRODUCTION

Thank you for taking time to participate in this research project aimed at trying to improve the BEST after-school program. Please answer the questions below to the best of your knowledge. All information provided will be kept confidential. Remember that this is not a test and there are no right or wrong answers. Our goal is to understand how you feel about your child's after-school program. Thank you again for your assistance. **Once completed, please return this form in the envelope provided. If you have any questions, please call 535-2377.**

## Part 1:

**Please answer the following questions about you and your family.**

1. How many of your children attend the after-school program?
  2. How long has/have your child (or children) been attending?   
If yes how long?
  3. Has your child ever attended other after school programs?  No  Yes
  4. Have you ever attended any of the program's activities that were open to family members?  
 Yes  
 No  
 Not Sure
- IF YOU ANSWERED "YES" PLEASE TELL US WHAT YOU LIKED MOST ABOUT THE ACTIVITY:**
4. Please tell us why you signed your child up for the after-school program (**CHECK ALL THAT APPLY**)  
 I wanted my child to learn new things  
 I wanted my child to make new friends  
 My child wanted to attend  
 Someone recommended the program to me  
 I wanted my child to have help with their homework  
 I did not want my child to be alone at home after school  
 I needed someone to watch my child (or children) while I worked.

My other reasons for sending my child to the program are:

5. In the space provided below please list the children in your household. **PLEASE DO NOT INCLUDE THE CHILD'S NAME.** All we are looking for is the child's relationship to you, their gender, age and current grade level in school.

<u>Relationship to you</u> (son, daughter, niece, nephew, stepchild, etc.)	<u>Gender</u> (female or male)	<u>Age</u>	<u>Grade level</u>

6. In the space provided below please list the adults living in your household. **PLEASE DO NOT INCLUDE THE ADULTS' NAME.** All we are looking for is the adults' relationship to the child, their gender, age and level of formal education.

<u>Relationship to child</u> (mom, dad, step-parent, partner, uncle, grandparent, etc.)	<u>Gender</u> (female or male)	<u>Age</u>	<u>Educational History</u> 1. Some High School 2. High School Diploma/ GED 3. Some College 4. Bachelor's Degree 5. Graduate Degree <small>(Please use corresponding number to indicate current level of education)</small>

Part 2:

**In this part of the survey we want to know your opinion about the program. The identities of respondents is kept confidential, and although your thoughts and ideas will be shared with the program, no one will know that they are yours. We do this so you can be as open and honest as you want.**

1. What do you feel is the most important thing your child has learned while in the after-school program?

2. What part of the program do you like best?

3. What areas do you see that the program could improve upon?

4. Which activities offered by the program do you feel have been good for your child?

5. Below are listed some statement. Please circle the number that best matches your feelings toward that statement.

Strongly Agree  
 Agree  
 No Opinion  
 Disagree  
 Strongly Disagree

Since coming to the after-school program...

1. My child is more brave about trying new things.	1	2	3	4	5
2. My child has a greater ability to make friends .	1	2	3	4	5
3. My child is showing more confidence in him/herself.	1	2	3	4	5
4. My child tells the truth.	1	2	3	4	5
5. My child is talking more about future plans about school.	1	2	3	4	5
6. My child's ability to communicate within the family has improved.	1	2	3	4	5
7. My child is demonstrating a greater ability to get along in the family.	1	2	3	4	5
8. My child has shown improved school performance.	1	2	3	4	5
9. My child is completing homework assignments more.	1	2	3	4	5
10. My child is taking more responsibility for his/her actions.	1	2	3	4	5
11. My child is less impulsive (thinking before acting).	1	2	3	4	5
12. My child is showing greater problem solving skills.	1	2	3	4	5
13. My child is showing greater conflict resolution skills.	1	2	3	4	5
14. My child seems to like him/herself better.	1	2	3	4	5

You have now completed the survey. Thank you for your help. The information you have provided will help to make improvements for the after school program. We have left space at the bottom of the page for you to include any comments or suggestions you may have. Thank you again for your time and assistance. **PLEASE RETURN THIS SURVEY IN THE ENVELOPE PROVIDED AND CALL 535-2377 WITH ANY QUESTIONS.**