32N Out-of-School-Time Program Family Satisfaction Survey

Dear Family of the program participant at **«Site»**

You are receiving this survey because your child/teen has participated in an after-school or summer program this year. We'd like to learn about your experience for improvement purposes. Your answers will be kept confidential and only be presented in a group report by researchers from Michigan State University. **NO PROGRAM STAFF** will see your responses.

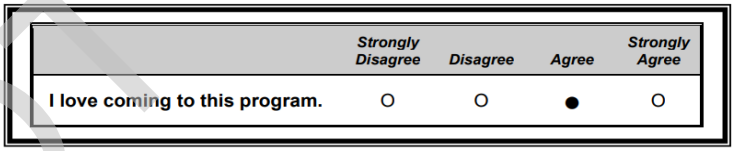
If you feel that you don't know enough about your child/teen's experience to complete the survey, you may skip some of the questions.

If you prefer to do this survey online, you can use this link or scan this QR code.

bit.ly/3Xcj5Cq

If you have any questions, please feel free to contact the state evaluation coordinator, Gretchen Sheneman, MSW, at archerg1@msu.edu or 517-884-1404. Thank you!

Fill bubbles like this



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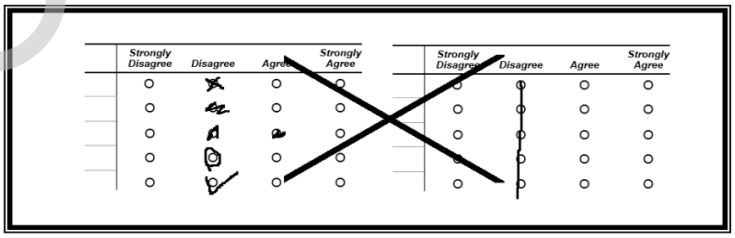

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Seal envelope

Give it to staff

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32N Out-of-School-Time Program Family Satisfaction Survey - 2026

D1. **With what race/ethnicity do you identify? (Choose all that apply)**

- O American Indian or Alaskan Native
- O Asian
- O Black or African American
- O Hispanic or Latino
- O Middle Eastern or North African
- O Native Hawaiian or Pacific Islander
- O White
- O Prefer not to answer

D2. **What is your child/teen's grade level?**

O Kindergarten O 1st O 2nd O 3rd O 4th O 5th O 6th
O 7th O 8th O 9th O 10th O 11th O 12th

D3. **How often does your child/teen attend the program?**

O Almost daily O 2-3 times a week O Once a week O Once every 2 weeks O Monthly

D4. **What is your HOME zip code?** _____

Q5. **Is your family charged a fee for your child to attend this program?** O Yes O No

Q6. **How would your family be impacted if this program were no longer available? (Check all that apply)**

- O My child would have to stay home and would not receive the support they need
- O We would have to reduce work hours
- O We would have to stop working or find another job
- O We would have to pay for other services or programs
- O We would have to look for free or reduced-cost services or programs
- O We would ask a relative or family friend to care for this child/teen
- O None of the above
- O Other (please describe) _____

Q7. If you were asked to tell your story about how this out-of-school time program has helped your family, what would you say?	Q8. What else would you like to share?

A. Program Benefits					
How much has this program helped your child/teen with…	**Not at All**	**Very Little**	**Somewhat**	**To a Great Extent**	**I don't know**
A.1 Being safe and staying out of trouble	O	O	O	O	O
A.2 Healthy eating	O	O	O	O	O
A.3 Being physically active	O	O	O	O	O
A.4 Avoiding excessive screen time	O	O	O	O	O
A.5 Completing schoolwork	O	O	O	O	O
A.6 Having adult support	O	O	O	O	O
A.7 Forming friendships	O	O	O	O	O

B. Family Engagement					
How much would you agree that…	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**I don't know**
B.1 This program makes me feel supported and welcomed.	O	O	O	O	O
B.2 I am well informed about what my child is doing at the program.	O	O	O	O	O
B.3 The staff here are my partners to support my child.	O	O	O	O	O

C. To what extent has your child/teen shown changes in the following behaviors this year?							
	Significant Decline	**Some Decline**	**No Change**	**Some Improvement**	**Significant Improvement**	**Already Met Expectation**	**Don't Know**
C.1 Attends school/class regularly.	O	O	O	O	O	O	O
C.2 Actively engages in school-day activities.	O	O	O	O	O	O	O
C.3 Completes homework on time.	O	O	O	O	O	O	O
C.4 Gets better grades.	O	O	O	O	O	O	O
C.5 Believes abilities can be improved through effort.	O	O	O	O	O	O	O
C.6 Regulates emotions.	O	O	O	O	O	O	O
C.7 Is willing to learn about others' perspectives.	O	O	O	O	O	O	O
C.8 Develops healthy friendships.	O	O	O	O	O	O	O
C.9 Wants to be helpful to others.	O	O	O	O	O	O	O

«Grantee», «GranteeID»

«Site», «SiteID»