

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

Dear families of program participants at «Site»:

You are receiving this survey because your child/teen has participated in an after-school 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.

By completing this short survey, you'll be entitled to enter a drawing for a \$50 Amazon e-gift card. 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 online, you can use this link or scan this QR code, and return the empty survey to staff!



<https://bit.ly/3Xcj5Cq>

If you have any questions, please feel free to contact the state evaluation coordinator, Gretchen Sheneman, MSW, at archerq1@msu.edu or 517-884-1404. Thank you!

Fill bubbles like this

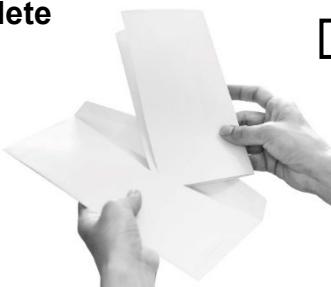


	Strongly Disagree	Disagree	Agree	Strongly Agree
I love coming to this program.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

NOT this



(Optional)
When
complete



Seal
envelope



Give it to staff



Please turn this page to start

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

D1. Are you your child/teen's:

Mother (including stepmom, foster mom) Father (including stepdad, foster dad)
 Grandparent Prefer not to answer
 Some other relative or guardian (please describe): _____

D2. With what race/ethnicity do you identify? **(Choose all that apply)**

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

D3. What is your child/teen's grade level?

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

D4. How often does your child/teen attend the program?

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

D5. What is your HOME zip code? _____

D6. How would your family be impacted if this program was no longer available? **(Check all that apply)**

We would have to reduce work hours.
 We would have to stop working or find another job.
 We would have to pay for other services or programs.
 None of the above.
 Other (Please describe): _____



«Grantee», «GranteeID»



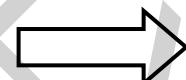
«Site», «SiteID»

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. Program Benefits						
A.1	Being safe and staying out of trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2	Eating healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.3	Being physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.4	Avoiding excessive screen time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.5	Keeping up with schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.6	Having adult support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.7	Making good friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much would you agree that...		Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know
B. Family Engagement						
B.1	This program makes me feel supported and welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.2	I am well informed about what my child is doing at the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3	The staff here are my partners to support my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you were asked to tell your story about how this out-of-school time program has helped your family, what would you say?						
What else would you like to share?						

To what extent has your child/teen changed their behavior 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 Effectively regulates emotions.	O	O	O	O	O	O	O
C.7 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

Thank you! You could enter to win a \$50 dollar Amazon e-gift card if you enter your name and email for us to reach you here:



<http://bit.ly/3Xcj5Cq>



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