

32N Out-of-School-Time Survey: School Adults

Dear program participants,

Thank you for taking the time to provide feedback about this student. Your contact was given by this student's family as an adult who knows their child at school. By completing this short 10-question survey, you'll be entitled to a drawing of a \$25 Amazon gift card (1 out of 10 chances; multiple drawings for multiple surveys completed). If you don't feel that you know enough about this student to complete the survey, you may check the option "I don't know".

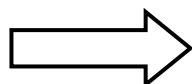
Your answers will be kept confidential and only be presented in a group report by researchers from Michigan State University. **NO ONE IN YOUR PROGRAM OR FAMILY** will know your answers.

Please answer each question by filling in the circle next to your answer. You can use a pencil or a blue or black pen to fill in the circles and only answer one answer per question.

If you have any questions, please feel free to contact the lead researcher, Dr. Jamie Wu, at wuhengch@msu.edu.

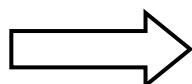
Thank you!

Please fill
bubbles
completely,
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 like this



	Strongly Disagree	Disagree	Agree	Strongly Agree
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

For each item below, to what extent has this student changed their behavior this year?									
	I don't know	Already meeting expectation	Significant Improvement	Moderate Improvement	Slight Improvement	No Change	Slight Decline	Moderate Decline	Significant Decline
Child's Behavior – Academics									
Q1. Attends class regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2. Actively engages in school-day activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3. Completes homework well and on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4. Gets better grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child's Behavior – Emotional/Social									
Q5. Believes abilities can be improved through effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q6. Effectively regulate own emotions and behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7. Willing to learn about others' perspectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8. Develops healthy friendships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q9. Wants to be helpful to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10. How do you know this student? (Check all that apply)

- This student was in my class.
- I am a mentor to this student.
- Through my role as a counselor.
- Through personal or family relationships.
- Other (please describe below):

Do you have anything else you'd like to share about this student? (Your responses will only be used in a summary report and kept anonymous).

This is the end of the survey. **Your answers will not be reported in any way that links to your name.** Would you like to be entered to win a drawing for a gift card?

- Yes (if so, you will need to provide your contact information ONLY for gift card verification - 1 entry per completed survey)
- No

ONLY FILL THIS SECTION IF YOU SELECTED “YES” TO BEING ENTERED FOR THE GIFT CARD DRAWING.

Please indicate the name and email of the gift card recipient.

First Name _____

Last Name _____

Email address _____