

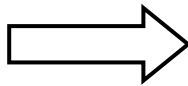
State Evaluation of 21st Century Community Learning Centers Family Satisfaction Survey

Dear families of program participants at «Site»

You are receiving this survey because your child/youth has participated in a publicly funded after-school program this year. We'd like to learn about your experience for improvement purposes. We ask that you complete a survey for each of your children/youth attending. The QR code to the right can be used if you prefer to complete the survey online. Your responses will remain confidential and will only be reported in summary form by researchers at Michigan State University. You may submit your completed survey in a sealed envelope to ensure that **NO PROGRAM STAFF** have access to your individual responses.

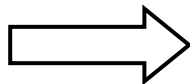
If you have any questions, please feel free to contact the Project Coordinator, Debbie Stoddard, at stodda56@msu.edu or 517-353-3074. Thank you! (IRB exempt number STUDY202600013)

Fill bubbles like this



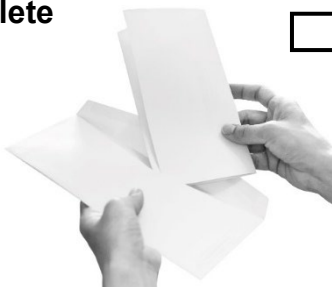
	Strongly Disagree	Disagree	Agree	Strongly Agree
I love coming to this program.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

NOT this

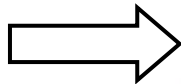


	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>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

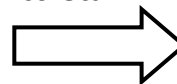
(Optional)
When
complete



Seal
envelope



Give it
to staff



«Grantee», «GranteeID»



«Site», «SiteID»

«SurveyNumber»

Q1. What is your child/teen's grade level?

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

Q2. How often does your child/teen attend the program?

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

Q3. What is your HOME zip code? _____

Q4. How would your family be impacted if this program were no longer available? (Check all that apply)

- My child would have to stay home and would not receive the support they need
 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
 We would have to look for free or reduced-cost services or programs
 We would ask a relative or family friend to care for this child/teen
 None of the above
 Other (please describe) _____

How much would you agree that... (STEM: Science, Technology, Engineering, and Math)	Strongly Disagree	Disagree	Agree	Strongly Agree	I Don't Know
A.1 This program makes me feel supported and welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.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"/>
A.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"/>
A.4 I know there have been increased STEM opportunities for my child to participate in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.5 This program involves me in the STEM activities my child does.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



«Grantee», «GranteeID»



«Site», «SiteID»

«SurveyNumber»

How much has this program helped your child/teen with... <i>(STEM: Science, Technology, Engineering, and Math)</i>	Not at All	Very Little	Somewhat	To a Great Extent	I Don't Know
B.1 Being safe and staying out of trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.2 Eating healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.3 Being physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.4 Avoiding excessive screen time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.5 Completing schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.6 Having adult support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.7 Forming friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.8 Developing STEM-related skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.9 Considering a STEM career or major	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 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"/>
C.3 Completes homework on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.4 Gets better grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.5 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"/>
C.6 Regulates emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.7 Is 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"/>
C.8 Develops healthy friendships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.9 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"/>

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



«Grantee», «GranteeID»



«Site», «SiteID»

«SurveyNumber»