

Afterschool Program - Parent Survey

This box to be filled out by grantee.	Grant Type (check all that apply): <input type="checkbox"/> 21 st CCLC <input type="checkbox"/> SAC <input type="checkbox"/> METS <input type="checkbox"/> Health
Grantee Name: _____	Site Name: _____ Cohort #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Directions: Each site must return 5 completed parent surveys no later than May 30 to the address at the bottom of the form – The Missouri AfterSchool Network will be tabulating the survey results for the Department. Program may choose which parents to collect surveys from (if multiple children attend program please only collect a survey from that parent one time).	

The afterschool program environment is safe, clean and cheerful.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I feel comfortable allowing my child to attend the afterschool program each day.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The program offers a wide range of experiences, i.e. music & movement, art, dramatic play, science, literacy, math, etc., that meet the needs and interests of my child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child looks forward to attending the afterschool program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am kept informed about my child's activity, behavior, development and what's happening in the afterschool program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program staff encourages me to visit at any time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My participation in the program is welcome. I have a variety of opportunities and choices about how to participate, such as sharing expertise, volunteering, observing, going on field trips, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Having my child receive help with their homework during the program is very important and helpful to me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child improved their study skills as a result of participating in this afterschool program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I plan to enroll my child in an afterschool program next school year, if it is made available.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If this program's funding is cut next year, I would be willing to pay a small fee to keep my child enrolled.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Why do you send your child to an Afterschool Program? Check all that apply.		
<input type="checkbox"/> Keep them safe <input type="checkbox"/> To inspire them to learn <input type="checkbox"/> Single working parent with no other alternatives <input type="checkbox"/> Dual working parents with no other alternatives <input type="checkbox"/> My child wants to attend		
What is the single most important factor for you in deciding on a particular afterschool program?		
<input type="checkbox"/> Only program/provider I could find <input type="checkbox"/> Child likes it <input type="checkbox"/> Help with schoolwork <input type="checkbox"/> Location <input type="checkbox"/> Cost <input type="checkbox"/> Staff/provider <input type="checkbox"/> Opportunity to learn new skills <input type="checkbox"/> Other (describe) _____		
My child(ren) who attends this afterschool program is: Check all that apply		
<input type="checkbox"/> Pre-K <input type="checkbox"/> Elementary (K-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12)		
Comments:		

Please return no later than May 30, 2008 to:

**Missouri AfterSchool Network
University of MO 4-H Center for Youth Development
806 Clark Hall
Columbia, MO 65211**