

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

Dear program participants,

You are receiving this survey because your child 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.

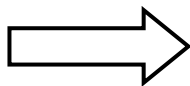
By completing this short survey, you'll be entitled to enter a drawing for one of fifty \$50 Amazon gift cards. If you feel that you don't know enough about your child's experience to complete the survey, you may skip some of the questions.

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.

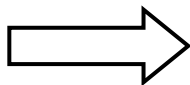
Thank you!

**Please fill
bubbles
completely,
like this**



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

NOT like this



	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>		<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>
	<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"/>
	<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"/>

D1. Are you the youth's:

- Mother (including stepmom, foster mom)
- Father (including stepdad, foster dad)
- Grandparent
- Some other relative or guardian (please describe):

- Prefer not to answer

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's grade level?

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

D4. What is the name of your child's school?

D5. What is the name of the city or zip code # where you live?

D6. How often does your child attend this program?

- Almost every day
- 2 - 3 times a week
- About once a week
- About once every 2 weeks
- About once a month

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
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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"/>

At this afterschool program, how much do you agree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know						
A. Healthy Eating & Active Living											
A.1 This program offers my child fruits and vegetables every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
A.2 This program helps my child to be more physically active every day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
B. Positive Climate											
B.1 My child has a positive relationship with the staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
B.2 My child makes good friends at this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
B.3 I am confident my child is safe at this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
<p>For each item below, please indicate how much you agree or disagree.</p> <table border="1"> <thead> <tr> <th data-bbox="175 1087 683 1213"></th> <th data-bbox="683 1087 873 1213">Strongly Disagree</th> <th data-bbox="873 1087 1040 1213">Disagree</th> <th data-bbox="1040 1087 1166 1213">Agree</th> <th data-bbox="1166 1087 1328 1213">Strongly Agree</th> <th data-bbox="1328 1087 1437 1213">I don't know</th> </tr> </thead> </table>							Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know
	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know						
C. Family Engagement											
C.1 This program makes me, the parent/caregiver, feel supported and welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
C.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"/>						
C.3 This program makes sure I am provided with helpful resources to support the well-being of my child and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

At this afterschool program, how much do you agree with the following statements?	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't know
E. Program Satisfaction					
E.1 My child likes coming to this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.2 My child chooses to attend this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have anything else you'd like to share about you or your child's experience in this program? (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 per household)
- 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 _____