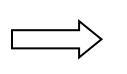
32N Out-of-School-Time Program Family Satisfaction Survey

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.

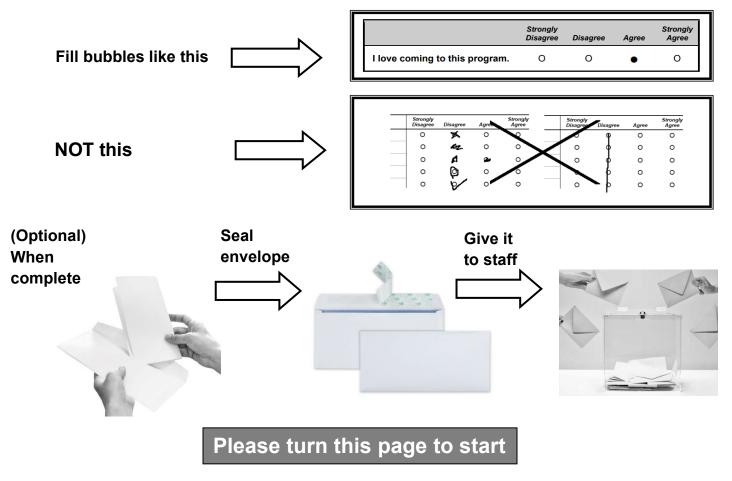
If you prefer to do this online, you can use this link or scan this QR code, and return the empty survey to staff!





https://bit.ly/3Xcj5Cq

If you have any questions, please feel free to contact the state evaluation coordinator, Gretchen Sheneman, MSW, at <u>archerg1@msu.edu</u> or 517-884-1404. Thank you!



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

D1. Are you your child/teen's:	
O Mother (including stepmom, foster mom)	O Father (including stepdad, foster dad)
O Grandparent	O Prefer not to answer
O Some other relative or guardian (please d	escribe):
D2. With what race/ethnicity do you identify? (Ch	oose all that apply)
O American Indian or Alaskan Native	O Asian
O Black or African American	O Hispanic or Latino
O Middle Eastern or North African	O Native Hawaiian or Pacific Islander
O White	O Prefer not to answer
D3. What is your child/teen's grade level?	
O Kindergarten O 1 st O 2 nd	O 3 rd O 4 th O 5 th O 6 th
O 7 th O 8 th O 9 th	O 10 th O 11 th O 12 th
D4. How often does your child/teen attend the pro O Almost daily O 2-3 times a week O Or	
D5. What is your HOME zip code?	
D6. How would your family be impacted if this pro	ogram was no longer available? (Check all that apply)
 O We would have to reduce work hours. O We would have to stop working or find anoth O We would have to pay for other services or p O None of the above. O Other (Please describe): 	programs.
«Grantee», «GranteeID»	
«Site», «SiteID	'»

How much has this program helped your child/teen with…		Not at All	Very Little	Somewhat	To a Great Extent	l don't know			
А.	Program Benefits			1	L				
A.1	Being safe and staying out of trouble	0	0	0	0	0			
A.2	Eating healthy	0	0	0	0	0			
A.3	Being physically active	0	0	0	0	0			
A.4	Avoiding excessive screen time	0	0	0	0	0			
A.5	Keeping up with schoolwork	0	0	0	0	0			
A.6	Having adult support	0	0	0	0	0			
A.7	Making good friends	0	0	0	0	0			
How much would you agree that		Strongly Disagree	Disagree	Agree	Strongly Agree	l don't know			
B. Fai	mily Engagement				1				
B.1	This program makes me feel supported and welcomed.	0	0	0	0	0			
B.2	I am well informed about what my child is doing at the program.	0	0	0	0	Ο			
В.3	The staff here are my partners to support my child.	0	0	0	0	0			
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?									

	Significant	t Some	No Some		Significant	Already Met	Don't
	Decline	Decline	Change	Improvement	Improvement	Expectation	know
C.1 Attends school/class regularly.	ο	0	0	0	0	0	0
C.2 Actively engages in school-day activities.	ο	0	0	Ο	0	0	0
C.3 Completes homework on time.	ο	0	0	Ο	Ο	0	0
C.4 Gets better grades.	0	0	0	Ο	0	0	0
C.5 Believes abilities can be improved through effort.	ο	0	0	Ο	0	0	0
C.6 Effectively regulates emotions.	ο	0	0	0	0	ο	0
C.7 Willing to learn about others' perspectives.	ο	0	0	0	0	Ο	0
C.8 Develops healthy friendships.	0	0	0	Ο	0	0	0
C.9 Wants to be helpful to others.	ο	0	0	0	0	ο	0

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



«Grantee», «GranteeID»

«Site», «SiteID»

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