

32N Out-of-School-Time Teacher Survey

Dear school-day teachers or counselors,

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 enter a drawing of a \$25 Amazon gift card (1 entry for every survey 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".

Are you a teacher/counselor at a...? (Check all that apply)

- ☐ Day School
☐ Afterschool Program
☐ Some other program (please describe): _____

To what extent has this youth changed their behavior this year?							
	Significant Decline	Some Decline	No Change	Some Improvement	Significant Improvement	Already Met Expectation	I Don't Know
A.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"/>
A.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"/>
A.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"/>
A.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"/>
A.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"/>
A.6 Effectively regulates emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.7 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"/>
A.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"/>
A.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"/>

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 an e-gift card?

- ☐ Yes (if so, you will need to provide your contact information ONLY for the 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 e-gift card recipient.

First Name _____

Last Name _____

Email address _____