

# State Evaluation of 21<sup>st</sup> 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 an 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 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.



If you have any questions, please feel free to contact the Project Coordinator, Debbie Stoddard, at [stodda56@msu.edu](mailto:stodda56@msu.edu) or 517-353-3074. Thank you!

1. Are you the child's/youth's:

- ☐ Mother (including stepmom, foster mom)      ☐ Father (including stepdad, foster dad)
- ☐ Grandparent      ☐ Prefer not to answer
- ☐ Some other relative or guardian (please describe): \_\_\_\_\_

2. What is this child's/youth's grade level?

- ☐ Kindergarten    ☐ 1<sup>st</sup>    ☐ 2<sup>nd</sup>    ☐ 3<sup>rd</sup>    ☐ 4<sup>th</sup>    ☐ 5<sup>th</sup>    ☐ 6<sup>th</sup>
- ☐ 7<sup>th</sup>    ☐ 8<sup>th</sup>    ☐ 9<sup>th</sup>    ☐ 10<sup>th</sup>    ☐ 11<sup>th</sup>    ☐ 12<sup>th</sup>

3. How often does this child/youth attend the program?

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

4. What is your HOME zip code? \_\_\_\_\_

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

- ☐ 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.
- ☐ None of the above.
- ☐ Other (Please describe): \_\_\_\_\_



GranteeID: 999



SiteID: 9999

<b>A. Program Benefits</b>						
<b>How much has this program helped your child/youth with...</b>		<b>Not at All</b>	<b>Very Little</b>	<b>Somewhat</b>	<b>To a Great Extent</b>	<b>I Don't Know</b>
<b>A.1</b>	Being safe and staying out of trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.2</b>	Eating healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.3</b>	Being physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.4</b>	Avoiding excessive screen time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.5</b>	Keeping up with schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.6</b>	Having adult support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.7</b>	Making good friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. Family Engagement</b>						
<b>How much would you agree that...</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>I Don't Know</b>
<b>B.1</b>	This program makes me feel supported and welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.2</b>	I am well informed about what my child/youth is doing at the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.3</b>	The staff here are my partners to support my child/youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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<b>C. Child/Youth Behavior</b>							
<b>To what extent has this child/youth changed their behavior this year?</b>	<b>Significant Decline</b>	<b>Some Decline</b>	<b>No Change</b>	<b>Some Improvement</b>	<b>Significant Improvement</b>	<b>Already Met Expectation</b>	<b>I Don't Know</b>
<b>C.1</b> 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"/>
<b>C.2</b> 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"/>
<b>C.3</b> 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"/>
<b>C.4</b> Gets better grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.5</b> 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"/>
<b>C.6</b> Effectively regulates emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.7</b> 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"/>
<b>C.8</b> Develops healthy friendships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.9</b> 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"/>

What else would you like to share?



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