

AFTER SCHOOL PROGRAM "Parent Pre-Survey"

Parents/Guardians, we need your help in creating an after school program that is helpful to your child and convenient for you. Please tell us what activities you think we should offer and when, and let us know what role, if any, you would like to play in the after school program. This survey will take only a few minutes to fill out. Thank you for your input.

Do you think your child/children would participate in an after school program?

- Yes No

What types of activities do you think an after school program at our school should offer? *(Check up to eight)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Aztec Dance | <input type="checkbox"/> Reading Club |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> Hip Hop Dance | <input type="checkbox"/> Math Club |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Drums | <input type="checkbox"/> World Culture |
| <input type="checkbox"/> Robotics/Engineering | <input type="checkbox"/> Chorus | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Science Club | <input type="checkbox"/> Sewing and Knitting | <input type="checkbox"/> Foreign Language/World Culture |
| <input type="checkbox"/> Folkloric Dance | <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Newspaper Production |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Fashion and Design | <input type="checkbox"/> Plants and Animals |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cooking | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> English Club | <input type="checkbox"/> Health and Fitness |
| <input type="checkbox"/> Competition Jump Rope | <input type="checkbox"/> Sports | <input type="checkbox"/> Guitar |
| <input type="checkbox"/> Karate | <input type="checkbox"/> Music Production | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Other Activities _____ | | |

What do your children do now for after school? *(Check all that apply)*

- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Homework | <input type="checkbox"/> Sports Team | <input type="checkbox"/> Part time job |
| <input type="checkbox"/> Chores | <input type="checkbox"/> Day Care | <input type="checkbox"/> Other |

Please indicate the days that you would like your child/children to be able to attend after school activities if they were offered in the afternoon after the school day ended? *(Check all that apply)*

- Monday Tuesday Wednesday Thursday Friday

Please check the box that best fits your opinion:

My children currently have a safe place to go during after school hours?

- Strongly Agree Agree Disagree Strongly Disagree

Will your child/children need a ride home after the after school program?

- No, I would be able to pick up my child/children after the after school program.
- Yes, I would need the program to provide transportation for my child/children after an activity.

My child can find someone in our house to help with reading homework? (Check one)

Yes No

My child can find someone in our house to help with math homework? (Check one)

Yes No

Someone in our house would be interested in adult literacy and/or computer classes held at our school? (Check one)

Yes No

I am interested in volunteering at my child/children's after school program? (Check one)

Yes No

In what ways would you like to volunteer? (Check all that apply)

- Teach a class
- Help with paperwork (attendance, forms, etc)
- Publicize the program (newsletter, flyers, etc)
- Other (please specify):
- Help a teacher with a class
- Greet participants and answer questions
- Provide help wherever needed

Personal Information			
Name	Home Telephone ()	Email Address	Best time to reach you: Morning Afternoon Evening
Children's Information			
Name	Grade		
Name	Grade		
Name	Grade		