**Tool 20—Parent Survey**

Directions: You may use or adapt this survey to determine parents’ programming preferences for the after-school program. Be sure to “personalize” the survey by filling in the missing information wherever indicated. Then copy the survey and distribute it to parents. We recommend that you mail the survey to their homes and, budget permitting, include a postage-paid return envelope.

Survey of Parent Program Preferences

We need your help! We want to create 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. Please mail your completed survey to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

If you have questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name),

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (telephone number). Thank you for your time!

1. Do you think your child/children would participate in an after-school program? (check one)

 Yes  No

2. What types of activities do you think an after-school program at our school should offer? (rank your top eight choices from 1 to 8, with 1 as your top choice)

|  |  |  |
| --- | --- | --- |
|  Chess   Community service   Computer club   Homework help or tutoring   Junior Achievement   Photography   Poetry writing   School newspaper   STEM   Aerobic exercise |  Basketball   Cheerleading   Gymnastics   Martial arts   Soccer   Softball/baseball   Volleyball   Yoga   Arts and crafts   Card and board games |  Cooking   Dance   Drama   Field trips   Music   Peer counseling/  conflict resolution   Woodworking   Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other |

3. What is the most you would be willing and/or able to pay per child for an after-school activity that meets two times a week for 18 weeks (a total of 36 sessions)? (check one)

 I am not willing/able to pay for after-school activities.

 Less than $75

 $76 to $150

 $151 to $225

 More than $225

**Parent Survey (continued)**

4. Please indicate the days and times that you would like your child/children to be able to attend activities? (check all that apply)

 Monday  Friday  Before school

 Tuesday  Saturday  After school

 Wednesday  Sunday  During school vacations

 Thursday  During the summer

5. Would your child/children need a ride home after an activity?

 No, I would be able to pick up my child/children after an activity.

 Yes, I would need the program to provide transportation for my child/children after an activity.

6. Are you interested in volunteering to help with the after-school program? (check one)

 Yes  No (go to question 8)

7. In what ways would you like to volunteer? (check all that apply)

 Teach a class

 Help a teacher with a class

 Help with paperwork (e.g., keep attendance, fill out forms)

 Publicize the program (e.g., write for the newsletter, pass out flyers)

 Greet participants and answer questions

 Provide help wherever needed

 Other (please specify):

8. Personal Information:

Your name:

Address:

Home telephone:

Best time of day to reach you at this telephone number:

Cell:

Best time of day to reach you at this telephone number:

Your child’s/children’s name(s) and grade(s):

Name Grade

Name Grade

Name Grade

***Thank you!***