



PARENT SATISFACTION SURVEY 2009-2010

School Name _____

Student Name _____

1. How long has your child been participating in the CincyAfterSchool Program?

- 0 to 3 months 13 to 18 months more than 2 years
 7 to 12 months 19 to 24 months more than 3 years

2. Please rate your overall satisfaction with the quality of the after school program:

- Highly Dissatisfied Dissatisfied Neutral Satisfied Highly Satisfied

3. How much has your child benefited from participation in the after school program (check the box)?

Please rate your child's progress in each category below:	Declined	No Change	Improved
Turning in homework on-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being attentive in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaving well in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coming to school motivated to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What would you say is your child's favorite part of the program?

- Tutoring and Mentoring Arts Activities
 Technology/Media Leadership Skills Development
 College and Career Exploration Health and Wellness
 Community Service/Service Learning Activities Family/ Parent Activities
 Cultural Activities Other _____

5. How have you been involved in the program? (check all that apply)

- Attended Parent/Family Programs Attended Parent Conferences
 Served as Volunteer Chaperoned Field Trips/Events
 Observed Program Other _____

6. How can the program be improved to better meet your child's needs?

7. What other comments or suggestions would you like to make about the program?