

2026 Out-of-School Time Program: Family Survey

Instructions

Thank you for taking the time to open this survey.

This survey asks questions about your child(ren)'s participation in their out-of-school time program this year. Your responses to this survey will help us improve the out-of-school time program. Your answers will be anonymous, and your participation is completely voluntary.

The survey should only take about 10 minutes to complete. Thank you for your time!

Out-of-School Time Program Site

- 1) Which out-of-school program does your child(ren) attend?
 - 2) How many of your children attend this site?
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Program Thoughts

- 3) Please indicate the level of your agreement with each of the following statements about program staff.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
I feel staff and program leaders care about my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my child(ren) enjoys spending time with staff and program leaders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my child(ren) feels that program staff listen to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I can talk to the staff and program leaders about any concerns I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members communicate with me about the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of my interaction with the out-of-school time program staff, I feel more welcomed in the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Please indicate the level of your agreement with each of the following statements about the out-of-school time program.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
I am happy with the types of activities my child(ren) participates in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The days and times the program is offered are adequate to meet my family's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of the program, I have opportunities to be engaged in my child(ren)'s education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have ongoing opportunities throughout the year to provide feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) For your child, please indicate the level of your agreement with each of the following statements.

The out-of-school time program has helped my child:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their grades or do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities they would not have otherwise had the opportunity to participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have increased confidence in their abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Thoughts Related to Each Child

6) For your first child, please indicate the level of your agreement with each of the following statements.

The out-of-school time program has helped my child:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their grades or do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities they would not have otherwise had the opportunity to participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have increased confidence in their abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Would you provide these same responses for each of your children?

- Yes**
- No**

8) For your second child, please indicate the level of your agreement with each of the following statements.

The out-of-school time program has helped my child:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their grades or do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities they would not have otherwise had the opportunity to participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have increased confidence in their abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) For your third child, please indicate the level of your agreement with each of the following statements.

The out-of-school time program has helped my child:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their grades or do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities they would not have otherwise had the opportunity to participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have increased confidence in their abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10) For your fourth child, please indicate the level of your agreement with each of the following statements.

The out-of-school time program has helped my child:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their grades or do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities they would not have otherwise had the opportunity to participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have increased confidence in their abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) For your fifth child (and any additional children), please indicate the level of your agreement with each of the following statements.

The out-of-school time program has helped my child:

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Get along better with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve their grades or do better in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in activities they would not have otherwise had the opportunity to participate in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have increased confidence in their abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program Activities

12) Did you participate in any family events hosted by the out-of-school time program this year?

- Yes
- No

13) What prevented you from participating in family events? Choose as many reasons as you want.

- Family events were not offered or I didn't know family events occurred
- Schedule or timing of event
- Lack of transportation to or from event
- Lack of childcare options
- Content of event was not relevant or interesting
- Feeling unwelcome at school
- I don't speak the same language(s) spoken at the out-of-school time program
- Another reason

14) Please indicate the level of your agreement with the following statements.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Family activities provided by the program help me develop my own knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family activities help me feel engaged in my child(ren)'s education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) My child(ren)'s overall experience in the out-of-school time program was positive.

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

Thank You!

Thank you for taking our survey. The information you shared is very important to us.