



AFTER SCHOOL PROGRAM PARENT EVALUATION FORM

In order to best meet the needs of the community, we ask that you to please complete the following evaluation. **Your input is not only very important and valuable, it is vital in order for us to continue providing effective programming to the Standish community.**

We hope that you will take a few moments to answer these questions. Please be honest, whether your comments are positive or negative. Honest feedback is the best feedback.

1. **How many of your children attend the After School Program?** _____ # of Kids

2. **How long has or have your child (or children) been attending?** _____ # of years

3. **Please tell us why you signed your child (or children) up for the after-school program. (CHECK ALL THAT APPLY)**

- I wanted my child (or children) to learn new things.
- I wanted my child (or children) to make new friends.
- My child (or children) wanted to attend.
- Someone recommended the program to me.
- I wanted my child (or children) to have help with their homework.
- I did not want my child (or children) to be alone at home after school.
- I needed someone to watch my child (or children) while I worked.

Other reasons for sending my child to the program are: _____

4. **What was your overall impression of the After School Program this year?**

Unsatisfactory _____ Fair _____ Satisfactory _____ Good _____ Excellent _____

5. **What was your overall impression of the After School Program Staff?**

Unsatisfactory _____ Fair _____ Satisfactory _____ Good _____ Excellent _____

Additional Comments?

6. **What does your child have to say about the After School Program staff?**

7. Did you receive sufficient information prior to your child attending the After School Program or programs and special events (recreation catalog, newsletters, parent handbook, website, camp staff, etc.)?

- Yes
 No

Additional Comments?

8. Tell us about the check in and sign out procedures.

	Unsatisfactory	Fair	Satisfactory	Good	Excellent
Was the check in process smooth & efficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the sign out process smooth & efficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel welcomed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your questions answered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments?

9. Below are listed some statements. Please check the box that best matches your feelings toward that statement in respect to the After School Program.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
My child is braver about trying new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a greater ability to make friends .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is showing more confidence in him/herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child tells the truth more and prefers to .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is talking more about future about school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's ability to communicate within the family has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is demonstrating a greater ability to get along in the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has shown improved school performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is completing homework assignments more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is taking more responsibility for his/her actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is less impulsive (thinking before acting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is showing greater problem solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is showing greater conflict resolution skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child seems to like him/herself better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

