

Niagara Falls Empire State Afterschool Program Parent Survey

The purpose of this survey is to get your feedback about your child’s Afterschool program when schools were open. We also would like to know what you may need now that schools have closed. Please answer honestly —your answers will not be shared individually. Thanks for your help!

1. What school does your child attend?

- (1) Maple Avenue
 (2) 79th Street

- (3) Cataract
 (4) G. J. Mann

2. What grade is your child in? (If you have more than one child in this school, please answer the questions based on your oldest child).

- a. 3rd Grade
 b. 4th Grade

- c. 5th Grade
 d. 6th Grade

3. Please indicate the extent that you agree or disagree with the following statements about the Afterschool program.

	Strongly Agree (5)	Agree (4)	Neither agree nor disagree (3)	Disagree (2)	Strongly Disagree (1)
a. Afterschool staff understood and respected different holidays and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child says he/she likes program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child enjoyed attending this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There was a good connection between day-school and afterschool activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt the Afterschool Program was a safe place for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There was ongoing communication between families and Afterschool staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child felt comfortable asking the Afterschool staff for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I had a positive relationship with Afterschool staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The Afterschool program addressed my child’s particular needs and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My child had choices about what to do in Afterschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I intend to enroll my child in the Afterschool Program when schools open again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4. Overall, how satisfied were you with the Afterschool program?

- (4) Very Satisfied (3) Satisfied (2) Unsatisfied (1) Very Unsatisfied

5. After going to the Afterschool Program...

	Always Agree (5)	Mostly Agree (4)	Agree (3)	Sometimes Agree (2)	Never Agree (1)	Not Applicable/Did not need improvement
a. My child was more interested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child got help with his/her homework during the Afterschool Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child got along better with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child got along better with teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child had more opportunity for constructive activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My child improved skills in the activities in which s/he participated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My child was more confident in his/her reading or writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My child was more confident in his/her math skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I knew more about the school and went to more school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What have been your biggest concerns since schools closed?

7. What specific kinds of help do you feel you need now to cope with your child's/children's education or anything else?

Thank you for completing the survey!