

Office Use Only
Survey: <input type="checkbox"/> Pre <input type="checkbox"/> Post
Date Sent: _____

Afterschool Youth Survey

Participant Name: _____ Grade: _____

Date: _____

Please circle the answer that best describes each sentence.

When I am at the afterschool program...	Yes	Sometimes	No
1. I feel safe.			
2. I have friends.			
3. I have fun.			
4. I trust the staff.			
5. Staff listens to me.			
6. Staff is helpful.			
7. I get help with my homework.			
8. I feel my grades improve.			
9. I play fun physical fitness activities.			
10. I make healthy food choices.			

My favorite thing to do is: _____

Any comments or suggestions? _____