

Afterschool Parent Survey

Participant's Name: _____ Grade: _____

Date: _____

For each item, please indicate the check box that best describes your child.

Academic Success	
1. Current grades	<input type="checkbox"/> Very Poor <input type="checkbox"/> Somewhat poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very good
2. Satisfaction with current grades	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied
3. Organization skills	<input type="checkbox"/> Very Poor <input type="checkbox"/> Somewhat poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very good
Social/Emotional Development	
4. Peer relationships	<input type="checkbox"/> Very Poor <input type="checkbox"/> Somewhat poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very good
5. Self confidence	<input type="checkbox"/> Very Poor <input type="checkbox"/> Somewhat poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very good
6. Takes responsibility for their personal actions	<input type="checkbox"/> Very Poor <input type="checkbox"/> Somewhat poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Very good
Healthy Active Living	
6. Physically active at least one hour each day	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Very often <input type="checkbox"/> Always <input type="checkbox"/> Unknown
7. Spends more than two hours in front of a screen per day (computer, TV, hand held games, gaming systems, etc.)	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Very Often <input type="checkbox"/> Always <input type="checkbox"/> Unknown
8. Makes healthy food choices	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Very Often <input type="checkbox"/> Always <input type="checkbox"/> Unknown

Additional comments/suggestions: _____
