A black background with a black square

Description automatically generated with medium confidenceFamily Survey

**Survey**



**What to do:** Use or modify the questions in this survey example to get families’ feedback about your program. You might decide to administer the survey in more than one language and format, or to give families the option of responding anonymously. Analyze the results and use your findings to improve your program. Let families know how you used their feedback.

**Why it matters:** Feedback is a gift! By choosing to value the information you receive, you make connections, show that you appreciate families and their opinions, and create opportunities for your program to serve students more effectively.

# Families, We Want Your Feedback!

Thank you for being part of our out-of-school time program. To improve our program, we need your feedback. Please complete this survey and return it to us as soon as possible.

What’s your child’s name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grade will your child start in school next year?

* 3
* 4
* 5
* 6
* 7

What school does your child attend during the school year?

* ABC Elementary
* DEF Middle School

Where would your child be if not in our program?

* At another club or program
* Alone, without adult supervision
* With siblings, without adult supervision
* With adult supervision sometimes
* With adult supervision always

Are you able to attend events during our program’s hours?

* Yes
* No

# Perceptions

*Check one response in each row to indicate how strongly you disagree or agree with each statement.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Disagree**  **1** | **Disagree**  **2** | **Neutral**  **3** | **Agree**  **4** | **Strongly Agree**  **5** |
| Without the program, I believe my child would stay out of trouble. |  |  |  |  |  |
| Without the program, I believe my child would have fun things to do when school is closed. |  |  |  |  |  |
| Without the program, I believe my child would practice reading or math. |  |  |  |  |  |
| Without the program, I believe my child would be exposed to positive influences. |  |  |  |  |  |

# Impacts

*Check one response in each row to indicate how much you believe the program impacted your child.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement** | **N/A**  **0** | **No Impact**  **1** | **Some Impact**  **2** | **Significant Impact**  **3** |
| My child developed positive relationships with staff members. |  |  |  |  |
| My child is more enthusiastic about school. |  |  |  |  |
| My child did more reading as a result of the program. |  |  |  |  |
| My child exercised more as a result of the program. |  |  |  |  |
| My child is getting along with peers better. |  |  |  |  |
| My child made new friends. |  |  |  |  |
| My child learned new skills. |  |  |  |  |
| My child was more active. |  |  |  |  |
| My child does better in school because of this program. |  |  |  |  |
| My child experienced new places as a result of field trips. |  |  |  |  |
| The at-home family activities showed me what my child was learning in the program. |  |  |  |  |

How would you rate the impact of the **program** overall? *Check one:*

|  |  |
| --- | --- |
|  | Excellent |
|  | Good |
|  | Fair |
|  | Needs Improvement |
|  | Poor |

# Structure

*Check one response in each row to indicate how strongly you disagree or agree with each statement.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Disagree**  **1** | **Disagree**  **2** | **Neutral**  **3** | **Agree**  **4** | **Strongly Agree**  **5** |
| The facility was appropriate for this program. |  |  |  |  |  |
| The number of weeks was appropriate for this program. |  |  |  |  |  |
| The number of days per week was appropriate for this program. |  |  |  |  |  |
| The drop-off time was convenient for me. |  |  |  |  |  |
| The pick-up time was convenient for me. |  |  |  |  |  |
| The drop-off procedures were easy to follow. |  |  |  |  |  |
| The pick-up procedures were easy to follow. |  |  |  |  |  |
| My child knew where to go when dropped off. |  |  |  |  |  |
| I knew where to find my child at the end of the day. |  |  |  |  |  |
| Staff members were available to answer my questions at the beginning and end of the day. |  |  |  |  |  |
| I knew the daily and weekly schedules. |  |  |  |  |  |
| The adult/family programs were scheduled at convenient times. |  |  |  |  |  |

How would you rate the overall logistics of the program? Consider program start and end times, transportation arrangements, and program facility. *Check one response.*

|  |  |
| --- | --- |
|  | Excellent |
|  | Good |
|  | Fair |
|  | Needs Improvement |
|  | Poor |

# Staff

*Check one response in each row to express your opinion.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Never**  **1** | **Rarely**  **2** | **Sometimes**  **3** | **Often**  **4** | **Always**  **5** |
| Staff members were kind and supportive. |  |  |  |  |  |
| Staff members treated me and my child with respect. |  |  |  |  |  |
| Staff members understood the needs of my family. |  |  |  |  |  |
| Staff members provided consistent structure for my child. |  |  |  |  |  |
| Staff members seemed qualified to work with my child. |  |  |  |  |  |
| Staff members notified with me with information or progress reports. |  |  |  |  |  |

How would you rate the quality of the **staff** overall? *Check one:*

|  |  |
| --- | --- |
|  | Excellent |
|  | Good |
|  | Fair |
|  | Needs Improvement |
|  | Poor |

# Your Thoughts

What did you like best about the program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What improvements would you suggest for next year?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description automatically generated

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