

**EVALUATION OF THE TASC AFTER-SCHOOL PROGRAM**  
**Survey of Parents**  
**School Year 1999/2000**

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Dear Parent or Guardian:

Thank you for taking the time to complete this survey.

Your child currently participates in an after-school program at his or her school. To help make the program better, Policy Studies Associates is surveying parents and guardians to learn more about their experiences and needs in relation to the program. This survey is voluntary—you are not required to complete it and your participation will not affect your child in the program in any way. However, we hope you will take a few minutes to fill it out, because your responses can help to improve the program.

Your answers will be anonymous. They will be grouped together with those of other parents and guardians, and no individual will ever be identified. If you do not understand or feel uncomfortable answering a question, you may leave it blank.

**Please do not write your name anywhere on this survey.** Below are two sample questions and instructions for answering the types of questions in the survey. When you have filled out the survey, please return it to a staff member in the after-school program or send it back to the program with your child.

Thank you for your help!

**SAMPLE QUESTIONS:** To answer a question, circle the number to the right that best describes your answer. For example, to answer question #1, if you have one sister, circle the number '2'.

1. How many sisters do you have?

- a. None..... 1
- b. One ..... 2
- c. Two..... 3
- d. Three or more ..... 4

2. Below are some statements about different types of food. Please circle a '1' if you strongly agree, '2' if you agree, '3' if you disagree, or '4' if you strongly disagree with each statement.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
a. Chocolate ice cream is better than vanilla ice cream	1	2	3	4
b. I like tea better than coffee	1	2	3	4

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**THE PARENT OR GUARDIAN WHO HAS THE MOST CONTACT WITH THE AFTER-SCHOOL PROGRAM SHOULD COMPLETE THIS SURVEY.**

- 1. Who is completing this survey?
  - a. Parent ..... 1
  - b. Guardian ..... 2
  - c. Other relative ..... 3
  - d. Other caregiver (Please describe) \_\_\_\_\_ 4

**If more than one child in your family attends the after-school program, fill out the survey with the oldest child in mind.**

- 2. What grade is your child in this year?
  - a. Kindergarten ..... K
  - b. 1<sup>st</sup> Grade ..... 1
  - c. 2<sup>nd</sup> Grade ..... 2
  - d. 3<sup>rd</sup> Grade ..... 3
  - e. 4<sup>th</sup> Grade ..... 4
  - f. 5<sup>th</sup> Grade ..... 5
  - g. 6<sup>th</sup> Grade ..... 6
  - h. 7<sup>th</sup> Grade ..... 7
  - i. 8<sup>th</sup> Grade ..... 8
  - j. 9<sup>th</sup> Grade ..... 9
  - k. 10<sup>th</sup> Grade ..... 10
  - l. 11<sup>th</sup> Grade ..... 11
  - m. 12<sup>th</sup> Grade ..... 12
  - n. Other (Specify) \_\_\_\_\_ 13

3. Why did you enroll your child in the after-school program? Please circle whether each of the following were very important, somewhat important, a little important, or not important reasons for enrolling your child in the after-school program.

	<i>Very Important</i>	<i>Somewhat Important</i>	<i>A Little Important</i>	<i>Not Important</i>
a. I believed the after-school program would help my child do better in school	1	2	3	4
b. The program is free	1	2	3	4
c. I wanted help for my child in reading/math	1	2	3	4
d. I needed child care	1	2	3	4
e. I wanted my child to get help with homework	1	2	3	4
f. It was a way for my child to be with friends	1	2	3	4
g. I was worried about my child's safety after school	1	2	3	4

**Below are some questions that ask about your child's activities after school BEFORE he or she started coming to the after-school program.**

4. **BEFORE** your child started coming to the after-school program, where did he or she usually go right after school? (**Circle all that apply.**)

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|---|----|
| a. My home, with a parent or other adult .....                          | 1  |
| b. My home, alone .....   | 2  |
| c. My home, with an older brother, sister, cousin, or older youth ..... | 3  |
| d. A friend's house, with an adult .....                                | 4  |
| e. A friend's house, without an adult .....                             | 5  |
| f. The home of an adult babysitter, neighbor, relative, or friend ..... | 6  |
| g. Day care center .....  | 7  |
| h. After-school program (sports, clubs, etc.) .....                     | 8  |
| i. Private lessons or classes (music, sports, dance, etc.) .....        | 9  |
| j. Some other place (Specify) _____                                     | 10 |
| k. Don't know/not sure .....  | 11 |

5. **BEFORE** your child started coming to the after-school program, how much time did he or she usually spend at home each day with no adult present? (**Circle one response.**)
- a. None, never happened..... 0
  - b. Less than 1 hour..... 1
  - c. About 2 hours..... 2
  - d. About 3 hours..... 3
  - e. More than 3 hours ..... 4

6. **NOW** how much time does your child spend at home each day with no adult present? (**Circle one response.**)
- a. None, never happens ..... 0
  - b. Less than 1 hour..... 1
  - c. About 2 hours..... 2
  - d. About 3 hours..... 3
  - e. More than 3 hours ..... 4

7. **BEFORE** your child started coming to the after-school program, how often did you miss work due to lack of after-school care? (**Circle one response.**)
- a. Never ..... 0
  - b. Rarely ..... 1
  - c. Sometimes ..... 2
  - d. Often ..... 3
  - e. I was not working at that time ..... 4

8. To what extent do you agree with the following statements about the after-school program? (Please circle 1 if you strongly agree, 2 if you somewhat agree, 3 if you somewhat disagree, or 4 if you strongly disagree with each statement. If you don't know or are not sure, circle 5.)

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Don't Know</i>
a. My child likes coming to the program	1	2	3	4	5
b. The program is helping my child to get homework done	1	2	3	4	5
c. The program has helped my child learn to speak English	1	2	3	4	5
d. The program is helping my child do better in school	1	2	3	4	5
e. My child is getting the academic help he/she needs	1	2	3	4	5
f. My child is safer because of the program	1	2	3	4	5
g. I worry about my child's safety getting home from the program	1	2	3	4	5

9. Below are some statements about whether the after-school program fits your needs and/or helps you in work or school. Please circle whether each statement is very true, sort of true, a little true, or not at all true for you.

	<i>Very True</i>	<i>Sort of True</i>	<i>A Little True</i>	<i>Not True</i>
a. The program hours fit my needs	1	2	3	4
b. I miss less work than I used to because of the program	1	2	3	4
c. I have been able to work because of the program	1	2	3	4
d. I am able to work more hours because of the program	1	2	3	4
e. The program has made it easier to keep my job	1	2	3	4
f. The program has made it easier for me to go to school	1	2	3	4

10. Since the beginning of this school year, how many times have you:
- a. Talked on the phone with a teacher from the after-school program \_\_\_\_\_
  - b. Been invited by the program to attend a parent meeting \_\_\_\_\_
  - c. Been invited by the program to attend an event \_\_\_\_\_

11. Since the beginning of this school year, how frequently have staff from the after-school program talked to you about your child?
- a. Often ..... 1
  - b. Sometimes ..... 2
  - c. Rarely ..... 3
  - d. Never..... 4

12. Since the beginning of the school year, how frequently has the after-school program sent information to you about your child's progress?
- a. Often ..... 1
  - b. Sometimes ..... 2
  - c. Rarely ..... 3
  - d. Never..... 4

**The next few questions ask for background information about you and your family.**

13. Are you working for pay outside the home?
- a. Yes, I have one full-time job ..... 1
  - b. Yes, I have one part-time job ..... 2
  - c. Yes, I have more than one part-time job ..... 3
  - d. No, I am not working for pay outside the home ..... 4

14. What is your family's **primary** source of income? (Circle one response.)
- a. Job ..... 1
  - b. Child support/alimony ..... 2
  - c. Temporary Aid for Needy Families (public assistance) ..... 3
  - d. Other \_\_\_\_\_ 4
15. Which best describes your race or ethnic heritage?
- a. Black ..... 1
  - b. Hispanic/Latino ..... 2
  - c. Asian or Pacific Islander ..... 3
  - d. Native American or Alaskan Native ..... 4
  - e. White ..... 5
  - f. Other (Specify) \_\_\_\_\_ 7