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## 32N Out-of-School-Time Program Family Satisfaction Survey

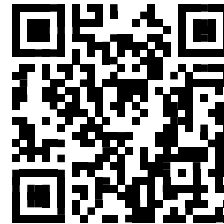
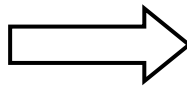
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Dear Family of the program participant at **Houghton Elementary Child Care**

You are receiving this survey because your child/teen has participated in an after-school or summer program this year. We'd like to learn about your experience for improvement purposes. Your answers will be kept confidential and only be presented in a group report by researchers from Michigan State University. **NO PROGRAM STAFF** will see your responses.

If you feel that you don't know enough about your child/teen's experience to complete the survey, you may skip some of the questions.

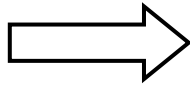
If you prefer to do this survey online, you can use this link or scan this QR code.



<https://bit.ly/4bep7Zq>

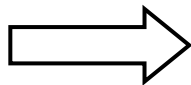
If you have any questions, please feel free to contact the state evaluation coordinator, Gretchen Sheneman, MSW, at [archerg1@msu.edu](mailto:archerg1@msu.edu) or 517-884-1404. Thank you!

Fill bubbles like this



	Strongly Disagree	Disagree	Agree	Strongly Agree
I love coming to this program.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

NOT this

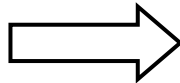


	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

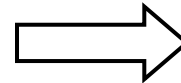
(Optional)  
When  
complete



Seal  
envelope



Give it to  
staff



**Please turn this page to start**

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**32N Out-of-School-Time Program Family Satisfaction Survey - 2026**

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**D1. With what race/ethnicity do you identify? (Choose all that apply)**

- |   |   |
|---|---|
| <input type="radio"/> American Indian or Alaskan Native | <input type="radio"/> Asian                               |
| <input type="radio"/> Black or African American         | <input type="radio"/> Hispanic or Latino                  |
| <input type="radio"/> Middle Eastern or North African   | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> White                             | <input type="radio"/> Prefer not to answer                |

**D2. What is your child/teen's grade level?**

- |                                       |                                       |                                       |  |  |  |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|--|--|--|---------------------------------------|
| <input type="radio"/> Kindergarten    | <input type="radio"/> 1 <sup>st</sup> | <input type="radio"/> 2 <sup>nd</sup> | <input type="radio"/> 3 <sup>rd</sup>  | <input type="radio"/> 4 <sup>th</sup>  | <input type="radio"/> 5 <sup>th</sup>  | <input type="radio"/> 6 <sup>th</sup> |
| <input type="radio"/> 7 <sup>th</sup> | <input type="radio"/> 8 <sup>th</sup> | <input type="radio"/> 9 <sup>th</sup> | <input type="radio"/> 10 <sup>th</sup> | <input type="radio"/> 11 <sup>th</sup> | <input type="radio"/> 12 <sup>th</sup> |                                       |

**D3. How often does your child/teen attend the program?**

- Almost daily    2-3 times a week    Once a week    Once every 2 weeks    Monthly

**D4. What is your HOME zip code? \_\_\_\_\_**

**Q5. Is your family charged a fee for your child to attend this program?    Yes    No**

**Q6. How would your family be impacted if this program were no longer available? (Check all that apply)**

- My child would have to stay home and would not receive the support they need
- We would have to reduce work hours
- We would have to stop working or find another job
- We would have to pay for other services or programs
- We would have to look for free or reduced-cost services or programs
- We would ask a relative or family friend to care for this child/teen
- None of the above
- Other (please describe) \_\_\_\_\_

<b>Q7. If you were asked to tell your story about how this out-of-school time program has helped your family, what would you say?</b>	<b>Q8. What else would you like to share?</b>

<b>A. Program Benefits</b>					
<b>How much has this program helped your child/teen with...</b>	<b>Not at All</b>	<b>Very Little</b>	<b>Somewhat</b>	<b>To a Great Extent</b>	<b>I don't know</b>
<b>A.1</b> Being safe and staying out of trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.2</b> Healthy eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.3</b> Being physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.4</b> Avoiding excessive screen time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.5</b> Completing schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.6</b> Having adult support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A.7</b> Forming friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>B. Family Engagement</b>					
<b>How much would you agree that...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>I don't know</b>
<b>B.1</b> This program makes me feel supported and welcomed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.2</b> I am well informed about what my child is doing at the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B.3</b> The staff here are my partners to support my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>C. To what extent has your child/teen shown changes in the following behaviors this year?</b>							
	<b>Significant Decline</b>	<b>Some Decline</b>	<b>No Change</b>	<b>Some Improvement</b>	<b>Significant Improvement</b>	<b>Already Met Expectation</b>	<b>Don't Know</b>
<b>C.1</b> Attends school/class regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.2</b> Actively engages in school-day activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.3</b> Completes homework on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.4</b> Gets better grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.5</b> Believes abilities can be improved through effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.6</b> Regulates emotions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.7</b> Is willing to learn about others' perspectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.8</b> Develops healthy friendships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C.9</b> Wants to be helpful to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

