

Afterschool Parent Survey

Participant's Name: _____ Grade: _____

Date: _____

Academic Success

1. What are the majority of your child's grades?

A's B's C's D's F's Unknown No grading system

2. Are you satisfied with your child's grades?

No Yes

3. Do you feel your child's organizational skills need to improve?

No Yes

Social/Emotional Development

4. Do you feel your child has friends at the afterschool program?

No Yes

5. Is there any family stress in your home at this time?

No Yes(specify) _____

Healthy Active Living

6. How often do you think your child is physically active at least one hour each day?

Never Rarely Sometimes Very Often Always Unknown

7. How often do you think your child spends more than two hours in front of a screen per day (computer, TV, hand held games, gaming systems, etc.)?

Never Rarely Sometimes Very Often Always Unknown

8. How often do you think your child makes healthy food choices?

Never Rarely Sometimes Very Often Always Unknown

Additional comments/suggestions: _____
