Parent Survey

I have read the informed consent and had my questions answered. My checking this box and filling out the survey is indication that I agree to participate and that I am at least 18 years of age. ☐

1. How many of your children attend this after school program? _____

2. How long has your child(ren) been involved in the after school program at this school?

   o Less than 6 months
   o 6-12 months
   o 1-2 years
   o More than 2 years

3. How often does your child(ren) typically attend the after school program?

   o Almost every day
   o A couple of times a week
   o Once a week
   o A couple of times a month
   o Once a month
   o Less often than once a month

4. Please describe which category best describes the race/ethnicity of your child:
   o White o African American o Latino o Asian
   o Bi-Racial o Native American o Other:_____

5. What is your child's age? _____

6. If your child did not attend this after school program, what would the child do after school on most days?

   o Be Home Alone/With Younger Siblings
   O Be Home with Parent, Grandparent, Older Sibling
   O Go to a Grandparent or Extended Family Member's House
   O Attend a Different After School Program Please list: _____
   O Participate in other Extra Curricular Activities Please list: _____
   O Go to a Child Care Center
   O Go to a Friend/Neighbor's House
   O Other: _____

After School Needs

7. To what extent do you feel after school program staff are aware of children who have special needs?

1	2	3	4	5
(Know very little)				(Very aware)

8. How strongly do you feel the after school program helps with your child(ren)'s individual needs?

1	2	3	4	5
(Very Weakly)				(Very Strongly)

9. How often does after school program staff update you with how your child(ren) is doing during after school time?

1	2	3	4	5
(Never)				(Very Often)

10. In what ways do program staff communicate with you? (Check all that Apply)
    - o During Pick-Up Time
    - o Family Events
    - o Newsletters/Flyers
    - o Phone Calls
    - o Notes/Emails
    - o Other: _____

11. Overall, how frequently would you say you communicate with after school staff about your child(ren)'s individual needs?

    o Never o Seldom o Occasionally o Regularly o Frequently

12. One area of focus in this after school program is homework help. How frequently does your child(ren) get homework assignments completed at the after school program?

    o Never o Seldom o Occasionally o Regularly o Frequently

13. When your child(ren) attends the after school program and completes homework, how often do you check over the homework (to ensure it is complete, correct answers, etc.)?

    o Never o Seldom o Occasionally o Regularly o Frequently

Special Education Needs

14. Does your child(ren) receive special education services through the school?

o Yes o No o Unsure

If you answered No, please do not fill out the rest of the survey. Thank you for your participation!

15. Which special education services is your child currently eligible? *(Check all that apply)*

o Speech/Language
o Autism/Developmental Delay
o Learning Disability
o Intellectual Disability (Mental Retardation, Traumatic Brain Injury)
o Emotional Behavioral Disability (Social, Emotional, or Behavioral Issues)
o Hearing Impairment (Hearing loss, Deafness)
o Visual Impairment (Vision problems, Blindness)
o Orthopedic/Bodily Impairment (Cerebral Palsy, Spina Bifida, Physical Disability)
o Other Health Impairment (Asthma, ADHD, Tourette Syndrome, etc.)
o Other: _____

16. To what extent do you feel program staff understand your child(ren)'s special education needs?

1	2	3	4	5
(Not at all)				(A great extent)

17. To what extent do you feel after school program staff are aware of the accommodations your child receives during the regular school day?

1	2	3	4	5
(Not at all)				(A great extent)

18. To what extent do you feel school day accommodations occur after school?

1	2	3	4	5
(Not at all)				(A great extent)

19. To what extent do you feel school day accommodations would be possible after school?

1	2	3	4	5
(Not at all)				(A great extent)

20. Do program staff have access to your child's Individual Education Plan (IEP)?
    - o Yes, I provided the after school program a copy
    - o Yes, special education teachers/teachers provided after school staff a copy
    - o I'm not sure
    - o No, but I would like them to have a copy
    - o No, and I do not want them to have a copy

21. How frequently do program staff request information from you on your child's special needs?
    - o Never
    - o At the beginning of year only
    - o Occasionally, as needed
    - o Often
    - o Regularly

22. How frequently do program staff request information from the special education teacher or other teachers on your child's special needs?
    - o Not sure
    - o Never
    - o At the beginning of year only
    - o Occasionally, as needed
    - o Often
    - o Regularly

Resources

23. To what extent do you feel you are able to able to handle your child's *academic* special needs?

1	2	3	4	5
(Very little)				(A great deal)

24. To what extent do you feel you are able to able to handle your child's *behavioral* special needs?

1	2	3	4	5
(Very little)				(A great deal)

25. Have you received any training on how to work with your special needs child?

o Yes o No

If yes,

What topics were covered: _____

What organization(s) provided the training:

_____

26. What resources have been provided to you by the district/school to help you work with your special needs child?

_____

_____

27. What training topics/resources would you like to receive regarding your special needs child?

_____

_____

_____

28. Please provide any other comments relevant to the survey:

_____

_____

_____

_____

Thank you for participating!!