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

3. How often does your child(ren) typically attend the after school program?
   - Almost every day
   - A couple of times a month
   - A couple of times a week
   - Once a month
   - Once a week
   - Less often than once a month

4. Please describe which category best describes the race/ethnicity of your child:
   - White
   - African American
   - Latino
   - Asian
   - Bi-Racial
   - Native American
   - 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?
   - Be Home Alone/With Younger Siblings
   - Be Home with Parent, Grandparent, Older Sibling
   - Go to a Grandparent or Extended Family Member’s House
   - Attend a Different After School Program
     Please list: __________
   - Participate in other Extra Curricular Activities
     Please list: __________
   - Go to a Child Care Center
   - Go to a Friend/Neighbor’s House
   - 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?
   ○ Yes ○ No ○ 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)*
   ○ Speech/Language
   ○ Autism/Developmental Delay
   ○ Learning Disability
   ○ Intellectual Disability (Mental Retardation, Traumatic Brain Injury)
   ○ Emotional Behavioral Disability (Social, Emotional, or Behavioral Issues)
   ○ Hearing Impairment (Hearing loss, Deafness)
   ○ Visual Impairment (Vision problems, Blindness)
   ○ Orthopedic/Bodily Impairment (Cerebral Palsy, Spina Bifida, Physical Disability)
   ○ Other Health Impairment (Asthma, ADHD, Tourette Syndrome, etc.)
   ○ 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)?
   ○ Yes, I provided the after school program a copy
   ○ Yes, special education teachers/teachers provided after school staff a copy
   ○ I’m not sure
   ○ No, but I would like them to have a copy
   ○ 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?
   ○ Never
   ○ At the beginning of year only
   ○ Occasionally, as needed
   ○ Often
   ○ Regularly

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

Resources

23. To what extent do you feel you are 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 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?
   ○ Yes ○ 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!!