

Student Survey (Grades 2- 8) Afterschool4All Spring 2010

Please use a pencil or pen to color in or mark an "X" in the circles. Except for your answers to the questions, please do not write, scribble, doodle, draw, or mark any other part of the form. Choose only one answer for each question.

NAME: _____

GRADE: 2 3 4 5 6 7 8

Information in this box to be completed by after/before-school staff

Place label here

PERMANENT STUDENT ID#
(write ID# flush left on lines below and check corresponding boxes)

<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	SCHOOL: _____
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<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	
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<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	
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1. Are you happy to be at this after/before - school program? All of the time Most of the time Sometimes Never
2. Do the after/before-school staff and teachers tell you when you do a good job in the program? All of the time Most of the time Sometimes Never
3. Do the after/before-school staff and teachers listen when you have something to say? All of the time Most of the time Sometimes Never





- 4. Do you feel safe in the program? All of the time Most of the time Sometimes Never
- 5. Do you help make rules or choose things to do when you are in the program?..... All of the time Most of the time Sometimes Never
- 6. Do you do things that really make you think when you are in the program? All of the time Most of the time Sometimes Never
- 7. Do the activities here really interest you? All of the time Most of the time Sometimes Never
- 8. Do you get to exercise or play sports in the program? (i.e. basketball, SPARKS, outdoor activity, etc)..... All of the time Most of the time Sometimes Never

9. How much has this after/before-school program helped you with the following things?

- a. Read better A lot A little Not much Not at all
- b. Solve math or science problems A lot A little Not much Not at all
- c. Do better with your homework A lot A little Not much Not at all
- d. Make new friends..... A lot A little Not much Not at all
- e. Hang out with students that are different from you A lot A little Not much Not at all
- f. Do better on your report card A lot A little Not much Not at all
- g. Get along with others A lot A little Not much Not at all
- h. Learn to eat more nutritious foods..... A lot A little Not much Not at all
- i. Make choices that help you stay out of trouble A lot A little Not much Not at all

Thank you!

Please turn your paper in to your after/before-school teacher when you are finished.

