

MONTANA 21ST CENTURY COMMUNITY LEARNING CENTERS:
STUDENT SURVEY (2-3)

Dear Student,

We want to know what YOU think about the after school program.

- This is NOT a test.
- There are NO wrong answers.
- You do NOT have to answer any question if you do not want to, but we hope you will answer as many questions as you can.
- Please do not enter your name on this survey. No one can tell who filled out this survey. Your answers will be completely private and unknown to others.

1) WRITE IN YOUR AFTER SCHOOL PROGRAM CENTER NAME: (IF YOU DO NOT KNOW THE NAME OR ARE UNSURE, PLEASE ASK A STAFF PERSON)

2) WRITE YOUR SCHOOL NAME:

3) WHAT GRADE ARE YOU IN?

- 2nd
- 3rd

4) HOW OFTEN DO YOU GO TO THE AFTER SCHOOL PROGRAM? PLEASE ESTIMATE.

- 3-7 days per week
- 1-2 days per week
- 1-3 times per month
- A few times per year

5) HOW MANY MONTHS HAVE YOU COME TO THE AFTER SCHOOL PROGRAM THIS YEAR?
(PLEASE CHECK WITH YOUR AFTER SCHOOL TEACHER IF YOU DO NOT KNOW.)

- | | | |
|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 |

6) PLEASE READ EACH QUESTION AND SELECT THE OPTION THAT BEST FITS WHAT YOU THINK OR HOW YOU FEEL.

Please select No, Sometimes, or Yes for each sentence below.

	NO	Sometimes	YES
I participate in the activities at my after school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We do interesting things in the after school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adults at the after school program help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adults at the after school program care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adults at the after school program listen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I belong to this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made friends at this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the after school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to come back to the after school program next year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) HOW DO YOU FEEL ABOUT YOUR AFTER SCHOOL PROGRAM?

Please circle your face.



8) HOW DO YOU FEEL ABOUT ADULTS AT YOUR AFTER SCHOOL PROGRAM?

Please circle your face.



9) HOW DO YOU FEEL ABOUT THE ACTIVITIES AT YOUR AFTER SCHOOL PROGRAM?

Please circle your face.



10) IF YOU COULD CHANGE ANYTHING ABOUT THE AFTER SCHOOL PROGRAM, WHAT WOULD IT BE?

11) WHAT IS YOUR FAVORITE PART OF THE AFTER SCHOOL PROGRAM?

12) THE AFTER SCHOOL PROGRAM HAS HELPED ME...

	NO	Sometimes	YES
Do better at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13) PLEASE SELECT NO, SOMETIMES, OR YES FOR EACH SENTENCE BELOW.

	NO	Sometimes	YES
I feel safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have control over how I act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe on my way to / from the after school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOU ARE DONE! THANK YOU FOR TAKING OUR SURVEY.