

MONTANA 21ST CENTURY COMMUNITY LEARNING CENTERS:
STUDENT SURVEY (4-5)

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?

- 4th
- 5th

4) HOW OFTEN DO YOU USUALLY GO 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 (SINCE JUNE 2019)?

- | | | |
|----------------------------|----------------------------|-----------------------------|
| <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 SELECT NO, SOMETIMES, OR YES FOR EACH SENTENCE BELOW.

	NO	Sometimes	YES
I look forward to the after school program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adults at the after school program are supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The adults at the after school program treat me well.	<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"/>
The other students in the after school program make me feel welcome.	<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 would recommend the after school program to my friends.	<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) IS THERE ANYTHING YOU WOULD LIKE THE AFTER SCHOOL PROGRAM STAFF TO KNOW?

8) WOULD YOU LIKE MORE ACTIVITIES, OTHER THAN HOMEWORK HELP, IN THE AFTER SCHOOL PROGRAM?

- No, not at all
- Probably not
- Probably
- Yes, definitely

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

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

11) 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"/>
Deal with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel more comfortable in working with other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	NO	Sometimes	YES
I think carefully about what I'm going to do before I do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 have control over my future.	<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.