OMB CONTROL NUMBER: 0704-0553

 OMB EXPIRATION DATE: 05/31/2025

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Dear Parents,

As we begin our re-accreditation process, we would like you to become part of this exciting journey. Quality improvement involves reflecting on our practice, developing improvement plans, taking action toward our goals, and making adaptations.

***Please circle your responses based on your experience with the After School Program.***

Top of Form

**1.  Circle the child's grade:**

K 1 2 3 4 5

**2.  Your Role:**

Parent Guardian

**3.  Circle the school your child attends:**

TT Elementary Heroes Elementary DeLalio Elementary

Bottom of Form

**4.  My child looks forward to the after school program:**

| Strongly Disagree | Disagree | No Opinion |  Agree Strongly Agree |  |
| --- | --- | --- | --- | --- |

**5.  I am pleased with the after school program:**

| Strongly Disagree | Disagree | No Opinion |  Agree Strongly Agree |
| --- | --- | --- | --- |

**6. I feel my child is safe in the after school program:**

| Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
| --- | --- | --- | --- | --- |

**7. I am pleased with the academic activities in the after school program:**

| Strongly Disagree | Disagree | No Opinion | Agree Strongly Agree  | Strongly Agree |
| --- | --- | --- | --- | --- |

**8. My child's academic performance has improved since joining the after-school program:**

| Strongly Disagree | Disagree | No Opinion | Agree Strongly Agree | Strongly Agree |
| --- | --- | --- | --- | --- |

**9. I am pleased with the Positive Youth Development activities (i.e. cooking, arts and crafts, music, dance, etc.):**

| Strongly Disagree | Disagree | No Opinion | Agree | Strongly Agree |
| --- | --- | --- | --- | --- |

**10. I am pleased with the Health and Wellness activities (i.e. sports, gym time, field trips, etc.):**

| Strongly Disagree | Disagree | No Opinion | Agree |  Strongly Agree |
| --- | --- | --- | --- | --- |

**11. I would recommend this after school program to other families:**

| Strongly Disagree | Disagree No Opinion | No Opinion Agree |  | St Strongly Agree |
| --- | --- | --- | --- | --- |

**12. Did the program staff treat you well?**

Yes

No

**13. Did the program help your student?**

Yes

No

**14. What do you like most about the after school program?** *Please do not include personally identifiable information (PII) in your response.*

**15. What do you like least about the after school program?** *Please do not include PII in your response.*

**16. How can we make the after school program better?** *Please do not include PII in your response.*

Thank you for your participation. We value your input and will share the changes we are making as a result of your feedback.