Afterschool Parent Survey

Participant’s Name: ___________________________ Grade: ________

Date: _____________

**Academic Success**

1. What are the majority of your child’s grades?
   - ☐ A’s
   - ☐ B’s
   - ☐ C’s
   - ☐ D’s
   - ☐ F’s
   - ☐ Unknown
   - ☐ No grading system

2. Are you satisfied with your child’s grades?
   - ☐ No
   - ☐ Yes

3. Do you feel your child’s organizational skills need to improve?
   - ☐ No
   - ☐ Yes

**Social/Emotional Development**

4. Do you feel your child has friends at the afterschool program?
   - ☐ No
   - ☐ Yes

5. Is there any family stress in your home at this time?
   - ☐ No
   - ☐ Yes (specify) ___________________________________________________________

**Healthy Active Living**

6. How often do you think your child is physically active at least one hour each day?
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Very Often
   - ☐ Always
   - ☐ Unknown

7. How often do you think your child spends more than two hours in front of a screen per day (computer, TV, hand held games, gaming systems, etc.)?
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Very Often
   - ☐ Always
   - ☐ Unknown

8. How often do you think your child makes healthy food choices?
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Very Often
   - ☐ Always
   - ☐ Unknown

Additional comments/suggestions:

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