Draft
21st Century Community Learning Center (CLC)
Parent Input/Satisfaction Survey

Parent input is critical in the development and delivery of activities and services provided by your student’s CLC program. Please help us in planning and carrying out the most impactful and enjoyable program that can be offered. Your thoughtful responses to this survey can assist us in working toward that goal.

Student Programming

1. What programming or activity, offered by the CLC, has your student indicated is his or her favorite? ________________________________________________

2. What programming or activity, offered by the CLC, has your student indicated is his or her least favorite? ____________________________________________

3. Despite what your student has expressed about their program/activity likes or dislikes, what is most important to you as their parent/guardian? (rank with 1 being most important, to 7 being least important)

   ___ My child completes their homework at the CLC
   ___ My child gets additional tutoring or instruction
   ___ My child is in a safe and well supervised setting after school
   ___ My child gets a chance to have fun and opportunities for recreation
   ___ My child gets a chance to explore non-academic enrichment/clubs
   ___ My child gets the opportunity for field trips and cultural experiences
   ___ My child gets the opportunity to participate in the arts (theatre, music, dance)

4. Are there activities that the CLC is not currently offering that you would like to see us add? (check yes or no)
   ____ No
   ____ Yes
   (If checked yes, please provide any specific suggestions that might be considered for additional program offerings) ________________________________________________
   ________________________________________________
   ________________________________________________
5. Overall, how satisfied are you with the programs/activities that the CLC has provided to your child/student (check one)

___ Extremely satisfied
___ Somewhat satisfied
___ Somewhat dissatisfied
___ Extremely dissatisfied

**Parent/Family Programming**

1. Have you and/or family members (other than your child/student) participated in any programs or activities offered by the CLC, to parents/family members of CLC enrollees during the current school year?
   ____ No
   ____ Yes
   (if checking yes, indicate what programs or activities you and/or family members participated in)

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. Recognizing that work schedules and other community obligations can provide challenges to participating in parent/family programming offered by our CLC, what is the preferred time such opportunities be offered? (rank with 1 as the most preferred time, and 5 as the least preferred time)

___ In the evening on school nights
___ Immediately after school dismissed
___ During the school day
___ Saturday/Sunday during the day
___ Evenings on the weekends
3. What supports or incentives would make it easier to attend parent/family programming/activities provided by the CLC? (check all that apply)

___ An evening meal or snack provided during programs offered on school nights
___ Child care for my non-CLC enrolled children
___ Transportation to the school or program activity site
___ (Other, please identify) _________________________________

4. What parent/family programming, that the CLC could offer, is most important to you? (rank with 1 being most important, and 6 being the least important)

___ Parenting skill development class
___ Family cohesion building program
___ Tips for helping my child with homework (family math, literacy, science/technology nights)
___ Opportunities to see my child perform in the arts, and/or to share academic skills being developed
___ Family fun and cultural activities
___ Adult education (opportunities to develop skills or pursue interests that I have)

5. Are there programs/activities for parents/family members that the CLC is currently not offering that you would like to see us add?

___ No
___ Yes
(If Yes checked, please provide specific suggestions that might be considered for adding programs/activities for parents/family members)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Opportunities for Increased Participation

1. Please check any of the opportunities to participate in the CLC program that you would be interested in learning more about

_____ Serving on a CLC parent advisory council
_____ Providing leadership for a student enrichment activity or club
_____ Assisting in planning or carrying out a CLC parent/family activity
_____ Other (Please identify) _______________________________________________

2. What forms of communication between the CLC and your home would work best for you to stay current on important program information? (Check all that apply)

_____ Electronic newsletter
_____ Paper newsletter (sent home with students)
_____ E-mail blasts
_____ CLC web page postings (either as separate site or as tab on school/district site)
_____ Bulletin board or white board messages posted in CLC pick-up area
_____ Text alerts