



CAREGIVER NEEDS & OUTCOME ASSESSMENT
mail completed surveys to dennisb@ymcaavery.org



_____ **Please tell us the number of your children that attend the after school program?**

PLEASE CHECK THE BOX WITH THE MOST APPROPRIATE RESPONSE TO THE STATEMENTS BELOW:

1. The hours of operation meet my needs?

strongly agree agree unsure disagree strongly disagree

2. The after school site appears clean and well maintained?

strongly agree agree unsure disagree strongly disagree

3. Staff members are courteous and helpful?

strongly agree agree unsure disagree strongly disagree

4. Who would be caring for you child if they were not in the after school program?

Family Friends Home w/siblings or alone A childcare provider Not sure Other

PLEASE CHECK THE BOX WITH THE MOST APPROPRIATE RESPONSE FOR YOU CHILDREN SINCE ATTENDING THE AFTER SCHOOL PROGRAM:

5. In the past year, my child has avoided contact with the Juvenile Justice System

Yes No

6. Has your child ever been suspended from school?

Yes No

7. Has your child been suspended from school since attending the after school program?

Yes No

8. In the last school year, my child passed to the next grade on time

Yes No

9. There has been an improvement in school performance or my child has maintained their good performance

strongly agree agree unsure disagree strongly disagree

10. My child has made positive friends and associations

strongly agree agree unsure disagree strongly disagree

12. My child is more physically active or maintained an active lifestyle

strongly agree agree unsure disagree strongly disagree

13. My child makes better food choices or continues to make good food choices

strongly agree agree unsure disagree strongly disagree

PLEASE WRITE A BRIEF RESPONSE (attach another sheet, if necessary). Tell us what things you most like about the after school program and what things you would like to see added, changed or done differently in the after school program?