

Parent Survey



Location _____
Fall ___ Winter ___ Spring ___ Summer ___
Year _____
My Children's Ages _____

We want to know what you thought about the last season of Everyday Kids. Our goal is to make it better for you. Please fill out the survey below and return to your Everyday Kids staff or mail to Everyday Kids, Box 417 Circle Pines MN 55014.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
I am satisfied with the overall program.	5	4	3	2	1
My student gets help with school work	5	4	3	2	1
My student is learning practical life skills. (good manners, cooking, safety, etc.)	5	4	3	2	1
My student feels safe and accepted	5	4	3	2	1
After school programs are valuable to our family.	5	4	3	2	1
I am glad Everyday Kids is in my Community	5	4	3	2	1
Everyday Kids provides my student good supervised activities	5	4	3	2	1

1. Things I liked about Everyday Kids _____

2. I didn't like _____

3. I think my student needs more lessons about _____

4. Other suggestions or comments _____

Optional Family Info: Caucasion ___ African American ___ Latino ___ Asian ___ Mixed ___ other _____
Married ___ Single ___ Divorced ___ Step Parent ___ Extended Family or Gaurdian ___



Youth Survey (k-12)

Location _____
Fall ___ Winter ___ Spring ___ Summer ___
Year _____
Age _____ Grade _____

We want to know what you thought about the last season of Everyday Kids. Our goal is to make it better for you. Please fill out the survey below and return to your Everyday Kids staff or mail to Everyday Kids, Box 417 Circle Pines MN 55014.

1. I learned something at Everyday Kids. Yes ___ No ___

Please list anything you learned. _____

2. Did you meet any new kids? Yes ___ No ___

3. The staff made the program fun? Yes ___ No ___

4. I made good friendships? Yes ___ No ___

5. I got help with my homework when I needed it? Yes ___ No ___

6. I feel like the staff cares about me. Yes ___ No ___

7. I used the EK bucks to purchase snacks or field trips. Yes ___ No ___

8. I helped someone else at Everyday Kids (homework, cleaning, service) Yes ___ No ___

9. I played sports or physically active games at EK. Yes ___ No ___

10. I ate fruits and vegetables at EK. Yes ___ No ___

11. My Favorite Part of Everyday Kids _____

12. I wish we could learn about or do _____

13. I didn't like _____

14. Suggestions for the program _____
