

# Child/Youth Survey



After School Program ID#:     -

Date:   -   -

After School Program Name:

City:

State:

**Instructions:** Please answer each question by marking the circle  under or next to your response. Use only a black or blue pen.

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/NOT APPLICABLE
1.	I feel welcome and comfortable at the after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Adults who work at my after school program listen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	The adults at the after school program are fair to everyone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	I know where to go at the after school program or whom to speak to if I have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	The adults at the program listen to what I want to do and help me make it happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	I can rest and relax at the program when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I like the food here and get enough to eat and drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	The after school program is clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	I feel safe while at the after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	There are enough things to use here so that everyone gets a turn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I have friends at the after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	I get to choose among a variety of different activities at my after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I like the activities at my after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	There are enough activities for me at the after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Overall, I like coming to the after school program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please tell us anything you want about the after school program and its activities for children/youth in the space below

Please tell us:

17. How old are you? <input type="radio"/> 5-9 <input type="radio"/> 15-18 <input type="radio"/> 10-14	18. Your gender: <input type="radio"/> Male <input type="radio"/> Female
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**Thank you for taking time to complete the survey.**

**Note to After School Providers:** If the provider will be using this survey as part of their internal quality/performance improvement process, completed survey results are not to be returned to COA.