



# Sample Parent Interest Survey

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Please answer the following questions about programs for your **child/ren**.

1. Does your child (children) attend an after school program at (School Name)?

Yes                       No

2. How many days per week does your child attend an after school program at (School Name)?

1                      2                      3                      4

3. Why did you enroll in your child (children) in the after school program at (School Name)? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> To have fun                          | <input type="checkbox"/> To build friendships      |
| <input type="checkbox"/> To have something to do after school | <input type="checkbox"/> To get help with homework |
| <input type="checkbox"/> To be safe after school              | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> To gain skills for school success    | <input type="checkbox"/> Other _____               |

4. What have been the benefits of participating in the after school program for your child (children)?

- |  |   |
|--|---|
| <input type="checkbox"/> Having fun                          | <input type="checkbox"/> Building friendships       |
| <input type="checkbox"/> Having something to do after school | <input type="checkbox"/> Getting help with homework |
| <input type="checkbox"/> Being safe after school             | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Gaining skills for school success   | <input type="checkbox"/> Other _____                |

**The (School Name) Community School** is designed to help children be more successful in school. Sometimes children have challenges in their lives that make school success difficult. **Please provide us with your thoughts** about how we could help your child be more successful:

5. What kinds of challenges do children who you know (in this community) face that make success in school difficult?

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty with reading          | <input type="checkbox"/> Need positive adult role models    |
| <input type="checkbox"/> Difficulty with Math and Science | <input type="checkbox"/> Better relationships with teachers |
| <input type="checkbox"/> Physical health issues           | <input type="checkbox"/> Ways to improve behavior           |
| <input type="checkbox"/> Mental Health issues             | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Family stress                    | <input type="checkbox"/> Other _____                        |

6. What kinds of programs and services do you think would help your children have greater success in school? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Reading Improvement Programs | <input type="checkbox"/> Family support services |
| <input type="checkbox"/> Math and Science Programs    | <input type="checkbox"/> Mentoring programs      |



\_\_\_\_\_ ↑Health & Nutrition Services ↑  
\_\_\_\_\_ Behavior Management programs for  
\_\_\_\_\_ students  
\_\_\_\_\_ ↑Programs to help parents help their  
\_\_\_\_\_ children ↑  
\_\_\_\_\_ ↑Mental Health Services

\_\_\_\_\_ Life Skills programs for students  
\_\_\_\_\_ Opportunities for parents & teachers  
\_\_\_\_\_ to work together for student success  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

7. Would you be willing to talk in a discussion group about student needs?↑ Yes↑ No

8. Would you be willing to work with us to develop programs & services to ensure student success?  
Yes‡ No †Can't now, but in the future

9. How can we contact you?

Your Name \_\_\_\_\_

Telephone\_\_\_\_\_ Email\_\_\_\_\_



# Sample Parent Interest Survey

Please answer the following questions about programs for **you**.

(School Name) is working to develop new programs for students, parents, and community members. We need your input to identify programs that interest you. Please check all activities you would participate in if they were available on the campus after school or on weekends. Thank you for your help!

Sports, Arts & Recreational Activities	Weekends	After School
Arts & crafts		
Book Club		
Community theater		
Creative writing		
Crocheting		
Dance		
Knitting		
Painting/Drawing		
Photography		
Poetry		
Sewing		
Family game night		
Family movie night		
Chess		
Dominoes		
Camping		
Cooking		
Computer lab		
Exercise/fitness		
Fishing		
Gardening		
Nutrition classes		
Scrapbooking		
Self Defense		
Parent volunteer		
Baseball		
Basketball		
Boxing		
Soccer		
Volleyball		

Sports, Arts & Recreational Activities	Weekends	After School
Karate		
Golf		
Weight lifting		
Swimming		
Flag Football		
Tennis		
Racquetball		

Would you need child care during these adult programs?    Yes    No

For what ages? \_\_\_\_\_

Social Services, Employment & Education	Weekends	After School
Individual counseling		
Group counseling		
Support groups on:		
Parenting		
Divorce		
Self Esteem		
Grief		
Women's issues		
Other: _____		
Alcoholics Anonymous		
Al-Anon		
Parenting Classes		



Social Services, Employment & Education		Weekends	After School
Mentoring youth			
Leadership training			
Resume writing			
Interviewing skills			
Career counseling			
Public speaking			
Computer training			
College preparation			
College tours			
Study skills course			
GED			
ESL			
Citizenship classes			

What other activities for adults would you like to see offered on the (School Name)?

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If you would like to become involved, please give your name and phone number:

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