

Participant Pre-Survey

Date:	Student ID#:
School:	Grade:

Please check only one box per question.

1. Do you like going to school?

All the time Most of the time Some of the time Never

2. Do you feel safe after school?

All the time Most of the time Some of the time Never

3. Do you study hard for tests?

All the time Most of the time Some of the time Never

4. How often are you in trouble at school?

All the time Most of the time Some of the time Never

5. Do your parents talk to you about school or homework?

All the time Most of the time Some of the time Never

6. Do you feel comfortable talking to teachers or other school staff?

All the time Most of the time Some of the time Never

7. Do you feel there is an adult available to help when you need it?

All the time Most of the time Some of the time Never

8. Do you get your homework done on time?

All the time Most of the time Some of the time Never

9. How often do you feel positive about school?

All the time Most of the time Some of the time Never

PLEASE CONTINUE ON BACK



10. How often do you feel upset when you come to school?

All the time Most of the time Some of the time Never

11. How well do you get along with others, including other students or adults?

Very well Fair, could be better Not well at all

12. Rate your self-esteem (i.e., how do you think of yourself?):

High Medium, or up and down Low

13. How are your grades?

Very High Above average Average Below average Failing

14. Before joining this program, had you ever participated in a before-school or after-school program?

Yes No

15. Do you think that you would benefit from having tutors or mentors help you with homework?

Yes No

16. What do you usually do after school (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Watch TV | <input type="checkbox"/> Work |
| <input type="checkbox"/> Video/computer games | <input type="checkbox"/> Chores |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Do homework |
| <input type="checkbox"/> Go to babysitter | <input type="checkbox"/> Spend time with family |
| <input type="checkbox"/> Play with friends | <input type="checkbox"/> Eat snacks |
| <input type="checkbox"/> Board games | <input type="checkbox"/> Skateboard |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Go to the mall |
| <input type="checkbox"/> Work on hobbies | <input type="checkbox"/> Participate in an afterschool program |
| <input type="checkbox"/> Read | <input type="checkbox"/> Participate in science/nature programs |
| <input type="checkbox"/> Art | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Martial arts | |

17. What would you like to do in an afterschool program?

