



# Summer Learning Family Survey

Program leaders should use surveys at the start of a program and at the end of a program to measure changes and impact. Because young children may not fully understand surveys, it is easier and often more reliable to use surveys with students in third grade and above. You can also consider putting surveys into a digital format that automatically tabulates results and provides options to create graphs and tables you can use in reports and presentations.

## Summer Learning Family Survey

Thank you for being part of our summer learning program. We want to make improvements to our program, and we need your feedback. Please complete this survey and return it to the program as soon as possible.

What is your child's name? \_\_\_\_\_

What grade will your child be in next school year?

- 3
- 4
- 5
- 6
- 7

What school does the child attend during the school year?

- ABC Elementary
- DEF Middle School

Where would your child be if not in the summer learning program?

- Alone, without adult supervision
- With siblings, without adult supervision
- With adult supervision sometimes
- With adult supervision always

Do you work outside the home or go to school during the summer months?

- Yes
- No





# Summer Learning Family Survey

## Perception

Check one response in each row to indicate how you disagree or agree with each statement.

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Without the summer program, I believe that my child would stay out of trouble.					
Without the summer program, I believe my child would have fun things to do during the summer.					
Without the summer program, I believe my child would practice reading or doing math.					
Without the summer program, I believe my child would be exposed to positive influences.					

## Impact

Check one response in each row to indicate how you believe the summer program impacted your child.

Statement	N/A 0	No Impact 2	Some Impact 3	Significant Impact 4
My child developed positive relationships with teachers.				
My child is more enthusiastic about school.				
My child did more reading as a result of the program.				
My child exercised more as a result of the program.				
My child is getting along with peers better.				
My child made new friends.				
My child learned new skills.				
My child was more active.				
My child is more prepared to return to school in the fall because of this program.				
My child experienced new places as a result of field trips.				
The at-home family activities showed me what my child was learning in the program.				

How would you rate the impact of the **program** overall? Check one.

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Needs Improvement
<input type="checkbox"/>	Poor





# Summer Learning Family Survey

## Structure

Check one response in each row to indicate how you disagree or agree with each statement.

Statement	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
The facility was appropriate for this program.					
The number of weeks was appropriate for this program.					
The length of each week was appropriate for this program.					
The drop-off time was convenient for me.					
The pick-up time was convenient for me.					
The drop-off procedures were easy to follow.					
The pick-up procedures were easy to follow.					
My child knew where to go when dropped off.					
I knew where to find my child at the end of the day.					
Staff members were available to answer my questions at the beginning and end of the day.					
I knew the daily and weekly schedules.					
The adult/family programs were scheduled at convenient times.					

How would you rate overall logistics of the program? Consider program start and end times, transportation arrangements, and program facility. *Check one.*

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Needs Improvement
<input type="checkbox"/>	Poor





# Summer Learning Family Survey

## Staff

Check one response in each row to express your opinion.

Statement	Never 1	Rarely 2	Sometimes 3	Often 4	Always 5
Staff members were kind and supportive.					
Staff members treated me and my child with respect.					
Staff members understood the needs of my family.					
Staff members provided consistent structure for my child.					
Staff members seemed qualified to work with my child.					
Staff members notified with me with information or progress reports.					

How would you rate the quality of the **staff** overall? Check one.

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Needs Improvement
<input type="checkbox"/>	Poor

What did you like best about the summer learning program?

---

---

---

---

---

---

---

---

What would you suggest for improvements next year?

---

---

---

---

---

---

---

---

