

We appreciate your help and cooperation in completing this survey. To preserve your confidentiality, do not put your name on the survey. Please circle the number that best corresponds with your answer

1. Please enter the name and location of the afterschool program with which you are affiliated. \_\_\_\_\_

2. Please describe your (or your organization's) involvement with the after-school program.

3. To what extent do you agree or disagree with the following statements about your after-school program partnership?

	<u>STRONG- LY AGREE</u>	<u>AGREE</u>	<u>DIS- AGREE</u>	<u>STRONG- LY DIS- AGREE</u>	<u>DON'T KNOW</u>	
a. The after-school program staff regularly communicates with you about programming.....	4	3	2	1	8	_____
b. The after-school program staff regularly communicates with you about individual students.....	4	3	2	1	8	_____
c. The after-school program staff and you share resources (e.g. space, equipment).....	4	3	2	1	8	_____
d. The after-school program staff and your organization have developed a plan that describes the purpose of the partnership.....	4	3	2	1	8	_____
e. There are clear roles for the after-school program staff within the partnership.....	4	3	2	1	8	_____
f. There are clear roles for your organization within the partnership.	4	3	2	1	8	_____
g. The partners have jointly developed expectations for working with children related to child behavior management.....	4	3	2	1	8	_____
h. The partners have jointly developed expectations for working with children related to child participation.....	4	3	2	1	8	_____
i. The partners have jointly developed expectations for working with						

children related to emergency  
procedures..... 4      3      2      1      8 \_\_\_\_\_

Survey continues on back

4. How many days *per week* does your organization work in the after-school program?

- 0. ONE TIME SPECIAL PROGRAM
- 1. LESS THAN WEEKLY \_\_\_\_\_
- 2. ONE OR TWO DAYS A WEEK
- 3. THREE OR FOUR DAYS A WEEK
- 4. EVERY DAY \_\_\_\_\_

If less than weekly, how many days *per month* does your organization work in the after-school program? Days per month: \_\_\_\_\_

5. How, if at all, do you see this partnership supporting the development of the children participating?

6. How, if at all, do you see this partnership supporting program sustainability?

7. What challenges have you experienced as a result of this partnership?

8. What opportunities have you experienced as a result of this partnership?

THANK YOU FOR COMPLETING OUR SURVEY