**(click here to enter the name of your program)**

After School Education

**STUDENT SURVEY**

Student Grade Level: PreK – K 1 – 3 4 – 6 7 – 8

|  |  |  |  |
| --- | --- | --- | --- |
| **Put an X in the box under YES,**  **SOMETIMES, or NO for each question.** | **YES** | **SOMETIMES** | **NO** |
| 1. Do you like coming to school? |  |  |  |
| 1. Do you like your After School Program? |  |  |  |
| 1. Is there someone to help you when you need help at the After School Program? |  |  |  |
| 1. Do you think you are doing better in your school classes since you started coming to the After School Program? |  |  |  |
| 1. Do you have time to play outside at the After School Program? |  |  |  |
| 1. Do you get to play with the friends that you want to at the After School Program? |  |  |  |
| 1. (click to enter your question here) |  |  |  |

**Answer the following questions by writing your answer in the boxes, or ask an older person to help you**

**write your answers.**

|  |  |
| --- | --- |
| What do you like the most about the After School Program? |  |
| If you could CHANGE something about the After School Program what would it be? |  |
| List any topics or activities you would like to learn more about. |  |