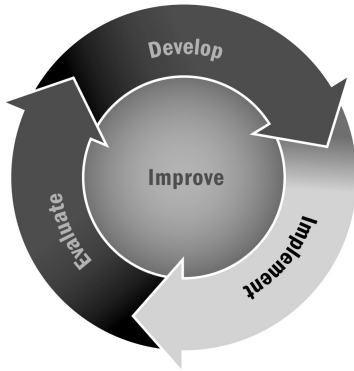


Ignite Summer Toolkit:

Family Engagement and Interest Survey



Surveying family members about their interests and how they would like to be engaged in your program will allow you and your staff to offer programming that is most useful to families.

Directions: The survey on the following pages will help you determine how families want to be engaged on behalf of their children, on their own behalf, and on behalf of the program (i.e., as volunteers). You can use and adapt this survey in its entirety or pull sections out as needed during your program cycle. Be sure to personalize the survey by filling in the missing information wherever indicated.

Tips for Developing and Administering Surveys

- Consider your goals and expected outcomes for the survey. What are you trying to learn? Design a survey and develop questions that will help you achieve those goals and answer your ultimate question.
- Make sure you are familiar with the legal and institutional requirements, if any, when surveying families, community members, and especially youth.
- Prioritize your selection of survey questions.
- Consider your audience and make sure your survey will be understood easily.
- Write short questions that respondents can read quickly and easily.
- Make sure that each question has one central idea.
- Focus your questions on suggestions for improvement rather than focusing on negative experiences.
- Avoid leading questions that appear to advocate a particular answer.
- Provide instructions on how to record answers and how many options to select.
- For multiple choice questions, allow respondents to select “other” so they can write in another response that wasn’t included.
- Test your survey with a small group before distributing it to all of your intended respondents.
- Think about how you will deliver the survey. Will it be delivered by mail, by telephone, in person, or online? These different methods will affect the survey design. It is likely that a paper survey will be the most convenient method for respondents, but an electronic survey has advantages as well (such as allowing for skip logic and requiring less data entry) if it seems like a viable format for your respondents.
- Provide respondents with a contact person whom they can reach if they have any questions or concerns about the survey.

Dear Families,

We need your help! We want to create an afterschool and expanded learning program that is engaging for your child and for you. Please tell us what activities you think we should offer and when, and let us know what role, if any, you would like to play in the afterschool and expanded learning program. This survey will take only a few minutes to fill out.

If you have questions, please contact [name] at [telephone] or [email]. Please complete this survey by [date].

1. Would your child or children participate in an afterschool and expanded learning program?

- Yes
- No

2. What types of activities do you think an afterschool and expanded learning program at our school should offer? (Rank your top eight choices from 1 to 8, with 1 as your top choice.)

- | | | |
|---|-------------------------|----------------------------|
| _____ Chess | _____ Aerobic exercise | _____ Arts and crafts |
| _____ Community service | _____ Basketball | _____ Card and board games |
| _____ Computer club | _____ Cheerleading | _____ Cooking |
| _____ Homework help or tutoring | _____ Gymnastics | _____ Dance |
| _____ Junior achievement | _____ Martial arts | _____ Drama |
| _____ Photography | _____ Soccer | _____ Field trips |
| _____ Poetry writing | _____ Softball/baseball | _____ Music |
| _____ Peer counseling/conflict resolution | _____ Volleyball | _____ Woodworking |
| _____ School newspaper | _____ Yoga | |
| _____ Science experiments | _____ Other: _____ | |

3. How much would you be willing or able to pay per child for an afterschool activity that met [X] times a week for [X] weeks (a total of [X] sessions)? _____

4. Please indicate the days and times that you would like your child or children to be able to attend activities. (Check all that apply.)

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Before school |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> After school |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> During school vacations |
| <input type="checkbox"/> Thursday | | <input type="checkbox"/> During the summer |

5. How would your child go home after the program activities end? Would he or she need transportation?

- Yes, I would need the program to provide transportation for my child or children after an activity.
- No, I would be able to pick up my child or children after an activity.
- No, my child or children can walk home after an activity.
- No, older siblings can pick up my child or children after an activity.
- No, I belong to a carpool group with other families that have youth in this program.

Other: _____

6. Would you participate in adult programming?

- Yes
- No

7. What types of courses would interest you? (Rank your top five choices from 1 to 5, with 1 as your top choice.)

Academic content areas:

English language arts	Science, technology, engineering, math (STEM)
Math	History/social studies
Homework help	Social and emotional well-being
Tutoring	Sports
Computer/technology skills	Physical fitness
Creative arts	Service learning
Healthy living	Cultural appreciation and diversity
Other, please specify:	

8. How much would you be willing or able to pay per course if it met [X] times a week for [X] weeks? _____

9. Please indicate the days and times that you would be able to attend.

	Example	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:	4:00 p.m.							
To:	6:00 p.m.							
Exceptions:	First week of the month							

10. Would you need transportation in order to attend an adult education course?

- Yes, I would need the program to provide transportation for me.
- No, I don't need transportation.

11. Are you interested in volunteering to help with the adult education program?

- Yes
- No

12. In what ways would you like to volunteer? (Check all that apply.)

- Teach a class
- Help a staff member with a class
- Help with paperwork (e.g., keep attendance, fill out forms)
- Help market the program (e.g., write for the newsletter, pass out flyers)
- Greet participants and answer questions
- Provide help wherever needed
- Other, please specify:

13. Are you interested in volunteering to help with our program?

- Yes
- No

14. If yes, how would you like to volunteer? (Check all that apply.)

- Teach a class or activity with youth
- Help a staff member with a class or activity with youth
- Greet young people and answer questions
- Teach a class or activity with adults
- Help a staff member with adult programming activities
- Other, please specify: _____
- Join the family advisory group
- Join the organization/program advisory board
- Help with paperwork and other administrative tasks
- Support fundraising efforts
- Help market the program (e.g., write for the newsletter, pass out flyers)

15. Are there specific content areas or skills that you could contribute to our program?

- Academic content areas
 - English language arts
 - Math
 - Science/science, technology, engineering, math (STEM)
 - History/social studies
- Homework help
- Tutoring
- Computer/technology skills
- Creative arts
- Healthy living
- Other, please specify: _____
- Social and emotional well-being
- Sports
- Physical fitness
- Service learning
- Cultural appreciation and diversity

16. Please indicate when you would be available to volunteer with the program.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							
Exceptions:							

Personal Information

Your name: _____

Address: _____

Email: _____

Telephone: _____

Best time of day to reach you at this telephone number: _____

Your child's/children's name(s) and grade(s):

Name: _____ Grade: _____

Name: _____ Grade: _____

Thank you.