

After-School Program Parental Survey

Parent/Guardian Information

Name

Email

Phone Number

Student Information

Student Name

Grade

Program Feedback

How satisfied are you with the program overall?

☐ ☐ ☐ ☐ ☐

What activities does your child enjoy most?

What would you like to see improved or added?

How well do you feel your child's needs are being met?

☐ ☐ ☐ ☐

Additional Comments

