32N Out-of-School-Time Program Youth Satisfaction Survey

Dear program participant at **«Site»**

You are receiving this survey because you have participated in an afterschool or summer program this year. We'd like to learn about your experience!

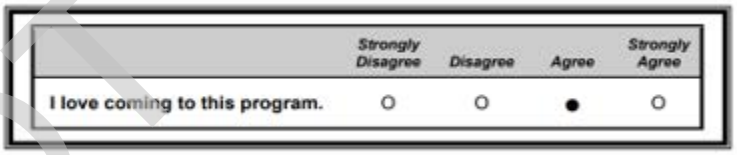
Your answers will be kept secret and only be presented in a group report by researchers from Michigan State University. **NO ONE IN YOUR PROGRAM OR FAMILY** will know your answers unless you share them. You can choose to put your completed survey in a sealed envelope, and the staff will mail all of them together to the researchers.

If you prefer to do this survey online, you can use this link or scan this QR code, and return the empty survey to staff!

bit.ly/3Xcj5Cq

If you have any questions, please feel free to contact the state evaluation coordinator, Gretchen Sheneman, MSW, at archerg1@msu.edu or 517-884-1404. Thank you!

Fill bubbles like this



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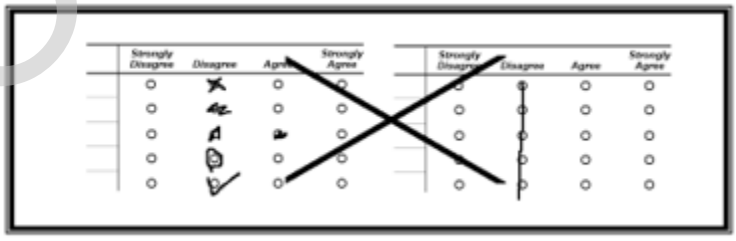

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Seal envelope

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32n Out-of-School Time Program Youth Satisfaction Survey – 2025-26 School Year

D1. **What gender do you identify with?**

O Male O Female O Prefer not to say

D2. **With what race/ethnicity do you identify? (Choose all that apply.)**

O American Indian or Alaskan Native
O Asian
O Black or African American
O Hispanic or Latino
O Middle Eastern or North African
O Native Hawaiian or Pacific Islander
O White
O Prefer not to disclose

D3. **What is your current grade level?**

O 4th O 5th O 6th O 7th O 8th
O 9th O 10th O 11th O 12th

D4. **How often do you come to this program?**

O Almost daily O 2-3 times a week O Once a week O Once every 2 weeks O Monthly

D5. **What activities do you usually do at this program? (Check all that apply.)**

O 21st Century Skills
O Agriculture
O Career and College Exploration
O Community Engagement
O Conflict Resolution
O Engineering
O Financial Literacy
O Health and Wellness
O Leadership
O Literacy
O Mathematics
O Mentoring
O Physical Fitness
O Other:_____
O Recreation
O Social Engagement Programming
O Science
O Technology
O Visual and Performing Arts
O Youth Voice

D6. **What is your HOME zip code? (If you don't know it, write down the name of your school.)**

_____

What is your favorite part of the program?	Is there anything you'd like to change here?

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How much do you agree that…		Strongly Disagree	Disagree	Agree	Strongly Agree
A.1	Adults here care about me.	O	O	O	O
A.2	I can tell the adults here about my problems.	O	O	O	O
A.3	This program helps me make new friends.	O	O	O	O
B.1	Kids get bullied here.	O	O	O	O
B.2	Adults get mad a lot at this program.	O	O	O	O
B.3	We wait around a lot here.	O	O	O	O
C.1	Adults ask what we think about activities here.	O	O	O	O
C.2	I can choose activities or how I spend my time based on my interest here.	O	O	O	O
C.3	I get to help plan the kinds of activities offered here.	O	O	O	O
D.1	In this program, we get to work in groups.	O	O	O	O
D.2	I work with others to accomplish tasks.	O	O	O	O
D.3	At this program, we learn how to deal with a conflict without fighting.	O	O	O	O
E.1	This program encourages me to be the best I can be.	O	O	O	O
E.2	This program teaches me that mistakes or failure are just part of learning.	O	O	O	O
E.3	This program teaches me I can improve with efforts.	O	O	O	O
F.1	At this program, I learn about my feelings.	O	O	O	O
F.2	This program helps me understand myself better.	O	O	O	O
F.3	I feel comfortable expressing myself in this program.	O	O	O	O
G.1	The activities here help me do better at school.	O	O	O	O
G.2	I can use the things I do here during my school day.	O	O	O	O
G.3	This program helps me think about my education and career future.	O	O	O	O
H.1	I eat fruits and vegetables at this program.	O	O	O	O
H.2	I am physically active at this program.	O	O	O	O
I.1	I like coming to this program.	O	O	O	O

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