

Community data: #1

RECREATION PARTICIPATION SURVEY: GRADE 9

Part A: Something about you.

1. The name of the teacher in whose classroom you are completing this survey:

2. Where you live:
 - a) In which township do you live?

 - b) Do you live in ? (check one only) [list villages in rural area]

Part B: What activities do you do?

Here are some questions about what activities you do DURING THIS SCHOOL YEAR. Make an X in the appropriate box.

	Mark only one box for each statement.	Never	less than once a week	1 to 3 times a week	4 or more times a week
	DURING THIS SCHOOL YEAR				
1	Outside of school hours, I take part in sports with a coach or an instructor.				
2	Outside of school, I play sports or do physical activities WITHOUT a coach or instructor.				
3	Outside of school hours, I take lessons or attend groups in art, dance or music.				
4	Outside of school hours, I take part in art, dance or music activities WITHOUT adult supervision.				
5	I take part in clubs or groups such as Girl Guides, Boy Scouts, Cadets.				
6	I have a job (Le., work for which you are paid) Please specify:				
7	Outside of school, I play computer or video games.				
8	I watch TV.				
9	I listen to music.				

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Please answer the same questions about what activities you did LAST SUMMER? Make an X in the appropriate box.

	Mark only one box for each statement.	Never	less than	1 to 3	4 or
	LAST SUMMER		once a	times a	more
			week	week	times a
					week
10	I took part in sports with a coach or an instructor.				
11	I played sports or did physical activities WITHOUT a coach or instructor.				
12	I took lessons or attended groups in art, dance or music.				
13	I took part in art, dance or music activities WITHOUT adult supervision.				
14	I took part in club or group activities sponsored by Girl Guides, Boy Scouts, Cadets.				
15	I had a job. Please specify:				
16	I played computer or video games.				
17	I watched TV.				
18	I went to over-night camp.	No	1 week	2 weeks	more
19	I went to day camp.	No	1 week	2 weeks	more

3. On average, about how many hours a day do you watch TV (Mark only one box for each column)

a) DURING THIS SCHOOL YEAR?

- less than one hour a day
- 1-2 hours a day
- 3-4 hours a day
- 5-6 hours a day
- 7 or more hours a day

b) LAST SUMMER?

- less than one hour a day
- 1-2 hours a day
- 3-4 hours a day
- 5-6 hours a day
- 7 or more hours a day

4. How often do you read for fun (not just for school)? (Mark only one box for each column.)

a) DURING THIS SCHOOL YEAR?

- every day
- a few times a week
- once a week
- a few times a month
- almost never

b) LAST SUMMER?

- every day
- a few times a week
- once a week
- a few times a month
- almost never

Community data: #1

29	Ice Skating	YES	NO	YES	NO
32	Martial arts (e.g., Karate, judo)	YES	NO	YES	NO
33	Mechanics (e.g., fixing cars)	YES	NO	YES	NO
34	Model-drawing or model building	YES	NO	YES	NO
35	Painting / drawing	YES	NO	YES	NO
36	Photography	YES	NO	YES	NO
37	Playing a musical instrument	YES	NO	YES	NO
38	Skate boarding	YES	NO	YES	NO
39	Ski-ing, snow-boarding	YES	NO	YES	NO
40	Snowmobiling	YES	NO	YES	NO
41	Snowshoeing	YES	NO	YES	NO
42	Soccer	YES	NO	YES	NO
43	Swimming	YES	NO	YES	NO
44	Tennis	YES	NO	YES	NO
45	Toboganning, tubing	YES	NO	YES	NO
46	Volleyball	YES	NO	YES	NO
47	Wall or rock climbing	YES	NO	YES	NO
48	Name any other activity				
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

NOW... 6. You've reviewed a long list of activities, and we would like you to CHOOSE from all the things you would LIKE to do, those which are your FAVOURITES. Close your eyes, mentally review all the activities you've considered, and decide on your MOST FAVOURITE, SECOND FAVOURITE, AND THIRD FAVOURITE. Put the NUMBERS 1, 2, AND 3 beside your favourites. They are organized alphabetically to help you locate them.

THANK YOU! THANK YOU! THANK YOU! THANK YOU! THANK YOU!
FOR TAKING PART IN THIS SURVEY.

From Family Services of Haliburton County, Ontario, 2003

Community data: #1

29	Ice Skating	YES	NO	YES	NO
32	Martial arts (e.g., Karate, judo)	YES	NO	YES	NO
33	Mechanics (e.g., fixing cars)	YES	NO	YES	NO
34	Model-drawing or model building	YES	NO	YES	NO
35	Painting / drawing	YES	NO	YES	NO
36	Photography	YES	NO	YES	NO
37	Playing a musical instrument	YES	NO	YES	NO
38	Skate boarding	YES	NO	YES	NO
39	Ski-ing, snow-boarding	YES	NO	YES	NO
40	Snowmobiling	YES	NO	YES	NO
41	Snowshoeing	YES	NO	YES	NO
42	Soccer	YES	NO	YES	NO
43	Swimming	YES	NO	YES	NO
44	Tennis	YES	NO	YES	NO
45	Tobogganning, tubing	YES	NO	YES	NO
46	Volleyball	YES	NO	YES	NO
47	Wall or rock climbing	YES	NO	YES	NO
48	Name any other activity				
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO
		YES	NO	YES	NO

NOW... 6. You've reviewed a long list of activities, and we would like you to CHOOSE from all the things you would LIKE to do, those which are your FAVOURITES. Close your eyes, mentally review all the activities you've considered, and decide on your MOST FAVOURITE, SECOND FAVOURITE, AND THIRD FAVOURITE. Put the NUMBERS 1, 2, AND 3 beside your favourites. They are organized alphabetically to help you locate them.

THANK YOU! THANK YOU! THANK YOU! THANK YOU! THANK YOU!
FOR TAKING PART IN THIS SURVEY.

From Family Services of Haliburton County, Ontario, 2003

(Children's Skills Through Activities and Recreation program)

COMMUNITY NEEDS ASSESSMENT

HOUSEHOLD FORM

HOUSEHOLD 1.0.

UNIT NUMBER

NAME OF SURVEYORS

From Christie Lake Kids (formerly Christie Lake Community Centre, Ottawa, ON, 2003).

Community needs assessment (household data)

Program Needs Assessment											
Household Form											
1. Form # 001											
					1	2	3				
2. Household ID #											
					4	5	6				
3. Name of respondent											
4. Address											
5. Date of interview			day	day	month	year					
			month								
			lyear								
					7	8	9	10	11	12	
6. Number of Adults (aged 17+) who are currently live in the home											
88 not applicable	99 do not know										
							13	14			
7. Number of children aged 11 to 16 years who are currently living in the home.											
88 not applicable	99 do not know										
							15	16			
8. Number of children aged 6 to 10 who are currently living in the home.											
88 not applicable	99 do not know										
							17	18			
9. Number of children aged 0 to 5 who are currently living in the home.											
88 not applicable	99 do not know										
								19			
10. Ages and names of all children who are currently living in the home ages 0 to 5 years.											
88 not applicable	99 do not know										
Name		Age									
Name		Age									
Name		Age									

Community needs assessment (household data)

Name		Age				
Name		Age				
11. Please describe your home situation.						
Please mark appropriate code.						
				20	21	
a) biological mother and father		0				
		01				
b) biological mother alone		0				
		02				
c) biological father alone		0				
		03				
f) biological mother & step father		0				
		04				
g) biological father & step mother		0				
		05				
h) biological mother & partner		0				
		06				
l) biological father & partner		0				
		07				
j) adoptive father		0				
		08				
k) adoptive mother		0				
		09				
l) foster mother & father		0				
		10				
m) other (specify)		0				
		11				
12. How long have you lived in the area?			# of months	# of months		
# of months						
not applicable	99 do not know					
				22	23	24
13. What language is spoken most in the home? Please mark one applicable code.						
				25	26	
a) English		0				
		01				
b) French		0				
		02				
c) Somali		0				
		03				
d) Arabic		0				
		04				
e) Chinese		0				
		05				
f) Other (specify)		0				
		06				

COMMUNITY NEEDS ASSESSMENT FORM

CHILD FORM

HOUSEHOLD 1.0.

UNIT NUMBER

NAME OF SURVEYORS

From Christie Lake Kids, formerly Christie Lake Community Centre, Ottawa, ON, 2003.

Community needs assessment (child data)

Child Form									
1. Form # 002									
2. Household ID #									
3. Child ID #									
4. Name of child									
5. Relationship of respondent to child. Please mark code that applies.									
a) Biological Mother			0						
			01						
b) Biological Father			0						
			02						
c) Grandmother			0						
			03						
d) Other relative			0						
			04						
e) Adoptive Mother			0						
			05						
f) Adoptive Father			0						
			06						
g) Foster Mother			0						
			07						
h) Foster Father			0						
			08						
i) Other (specify)			0						
			09						
6. Birthdate of Child									
		day							
		month							
		year							
					12	13	14	15	
7. Current age									
		years							
		months							
					18	19	20		
8. Sex		M	F						
		1	2					22	
9. Has this child ever attended program camp?		Yes	No						
		1	2						23

Community needs assessment (child data)

			Years			
10.If Yes, How many years has this child			88 not applicable			
attended the Camp?			99 do not know			
					24	25
11.Are you familiar with the S.T.A.R. program?			Yes	No		
			1	2		26
12.Has this child ever participated in the S.T.A.R. program?			Yes	No		
			1	2		27
13.If yes, how many years has this child			Years		Years	
participated in the S.T.A.R. program?			88 not applicable			
			99 do not know			
					28	29
14. In what activities did this child participate in S.T.A.R. Mark all that apply.						
88 not applicable	99 do not know					
01 computers			Yes	No		
			1	2		30
02 swimming			Yes	No		
			1	2		31
03 martial arts			Yes	No		
			1	2		32
04 cooking			Yes	No		
			1	2		33
05 tutoring			Yes	No		
			1	2		34
06 rockers			Yes	No		
			1	2		35
07 arts and crafts			Yes	No		
			1	2		36
08 skating			Yes	No		
			1	2		37
09 hockey			Yes	No		
			1	2		38
010 guitar			Yes	No		
			1	2		39
011 winter camp			Yes	No		
			1	2		40
15.Did this child participate in any coached or supervised sports activities outside of school in the past year? 88 not applicable 99 do not know			Yes	No		
			1	2		41
16.If yes, what activities were they? Mark all that apply. 88 not applicable	99 do not know		Yes	No		

Community needs assessment (child data)

02 skating			Yes	No	
			1	2	43
03 soccer			Yes	No	
			1	2	44
04 hockey			Yes	No	
			1	2	45
05 basket ball			Yes	No	
			1	2	46
06 football			Yes	No	
			1	2	47
07 other (specify)			Yes	No	
			1	2	48
17. Did this child participate in any supervised arts activities outside school in this past year?					
88 not applicable	99 do not know		Yes	No	
			1	2	49
18. If yes, what activities were they? Mark all that apply. 88 not applicable 99 do not know					
01 art			Yes	No	
			1	2	50
02 dance			Yes	No	
			1	2	51
03 pottery			Yes	No	
			1	2	52
04 crafts			Yes	No	
			1	2	53
05 choir			Yes	No	
			1	2	54
06 other (specify)			Yes	No	
			1	2	55
19. Did this child participate in a supervised community organization in the last year? (e.g. boys scouts, girl guides).					
88 not applicable	99 do not know		Yes	No	
			1	2	56
20. If yes, what organizations were they? Mark all that apply.					
01 Boy Scouts			Yes	No	
			1	2	57
02 Girl Guides			Yes	No	
			1	2	58
03 Boys and Girls Club			Yes	No	
			1	2	59
04 YMCA			Yes	No	
			1	2	60
05 Church group			Yes	No	
			1	2	61
06 other (specify)			Yes	No	
			1	2	62

21.What sports activities would you like to see this child involved in with S.T.A.R.? Mark all that apply. 88 not applicable 99 do not know				
01 swimming			Yes	No
			1	2
				63
02 hockey			Yes	No
			1	2
				64
03 skating			Yes	No
			1	2
				65
04 Rockers (games & activities)			Yes	No
			1	2
				66
05 martial arts			Yes	No
			1	2
				67
06 basketball			Yes	No
			1	2
				68
22.What supervised art activities would you like to see this child involved in with S.T.A.R.? Mark all that apply.				
01 dance			Yes	No
			1	2
				69
02 art			Yes	No
			1	2
				70
03 pottery			Yes	No
			1	2
				71
04 arts and crafts			Yes	No
			1	2
				72
05 music			Yes	No
			1	2
				73
23.What other activities would you like to see this child involved in with the S.T.A.R. program?				
01 leadership in training		(aged 15 +)	Yes	No
			1	2
				74
02 winter camp			Yes	No
			1	2
				75
03 tutoring			Yes	No
			1	2
				76
04 cooking			Yes	No
			1	2
				77
05 computers			Yes	No
			1	2
				78
06 other (specify)			Yes	No
			1	2
				79
24.What barriers have you experienced in trying to get your child involved in these sports, arts and community activities? Please mark all that are applicable. 88 not applicable 99 do not know				
01 financial			Yes	No
			1	2
				80

02 transportation	Yes	No		
	1	2		81
03 behavioural difficulties	Yes	No		
	1	2		82
04 racial and/or religious	Yes	No		
	1	2		83
05 difficulty motivating child to participate or attend programs	Yes	No		
	1	2		84
06 child is behind in skill levels	Yes	No		
	1	2		85
07 Other (specify)	Yes	No		
	1	2		86
25. What school does this child attend? Please mark one that applies. 88 not applicable 99 do not know. (List.)				
a)		01		87 88
b)		02		89 90
c)		03		91 92
d)		04		93 94
e)		05		95 96
f)		06		97 98
g)		07		99 100
h) Other (specify)		08		101 102
26. Has your child ever repeated a grade? 88 not applicable 99 do not know				
	Yes	No		
	1	2		103
27. If yes, what is the first grade your child failed? Please mark appropriate code. 88 not applicable 99 do not know				
a) grade one		01		104 105
b) grade two		02		106 107
c) grade three		03		108 109
d) grade four		04		110 111
e) grade five		05		112 113
f) grade six		06		114 115
g) grade seven		07		116 117
h) grade eight		08		118 119

Community needs assessment (child data)

l) grade nine				09		120	121
j) grade ten				10		122	123
k) grade eleven				11		124	125
28. Have they now or ever been in a special class full or part-time?							
				Yes	No		
				1	2		126
29. If yes, please specify. Please mark appropriate code.							
a) Full time currently				0		127	128
				01			
b) Part-time currently				0			
				02			
c) Full time in past				0			
				03			
d) Part-time in past				0			
				04			
3D. Has this child ever been charged, arrested or made an appearance in court?							
88 not applicable	99 do not know			Yes	No		
				1	2		129
31. Do you and this child currently receive or have you in the past received any support from any social service agency? 88 not applicable 99 do not know							
				Yes	No		
				1	2		130
32. If yes, please mark which agency you and your child are currently or have in the past been involved with.							
a) Children's Aid Society				0			
				01		131	132
b) Youth Services Bureau				0			
				02		133	134
c) Crossroads				0			
				03		135	136
d) Hospital (specify)				0			
				04		137	138
e) Other (specify)				0			
				05		139	140
33. Does this child have any learning disabilities that may require special attention while attending our programs?							
88 not applicable	99 do not know			Yes	No		
				1	2		141
34. Does this child have ADD, ADHD, emotional or any other behavioural problems that may require any special attention while attending our programs?							
88 not applicable	99 do not know			Yes	No		
				1	2		142