

**REGISTRATION FORM****Program Name:****Session Dates:****(children's program)**

Name of Child: \_\_\_\_\_ M/F  
 \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Parent/ Legal Guardian: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Languages Spoken at Home: \_\_\_\_\_

Family's Country of Origin: \_\_\_\_\_

If family is not originally from Canada, number of years in Canada: \_\_\_\_\_

Income Level: 20,000/yr\_\_\_\_ 20,000- 40,000/yr\_\_\_\_ 40,000/yr and up\_\_\_\_

Please indicate any medical concerns (e.g., food allergies)

I give permission for my child \_\_\_\_\_ to attend

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/GuardianI give permission for my child \_\_\_\_\_ to walk home  
unaccompanied at the end of the evening (Yes / No).Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/GuardianI give permission for photographs to be taken of my child for evaluation, education and publicity  
purposes only.Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Adapted from Haldimand-Norfolk Women's Services, Ontario, 2002.

(girls' camp experience, mid-program)

### **Parent Mid-program Telephone Survey**

Camper's Name:

Parent's Name:

Date of contact: (yr/mo/day)

Remind parent/guardian about o/n and what to bring (pyjamas, blankets, sleeping bag, change of clothes, pillow, toiletries, etc.). Remind parents of our rules and expectations. **Double check the emergency contact number for the week end.**

In an effort to improve our program, we would appreciate you taking a couple of moments to answer a few questions.

1. What has your daughter's impression been so far? What has she told you about the program?
  
2. What activities has she enjoyed?
  
3. What has she not enjoyed?
  
4. Do you have any other feedback for us?
  
5. Do you or your daughter have any questions or concerns about the overnight camping coming up?

Adapted from Haldimand-Norfolk Women's Services, Ontario, 2003.

PARENT’S SURVEY: Getting to Know Your Child

Child’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your relationship to the child: \_\_\_\_\_

Child’s age: \_\_\_\_\_

Has your child participated in past sessions of this program? \_\_\_\_\_

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1. We are interested to know how you would describe your child’s overall developmental level, unique characteristics and special needs.

2. Your responses to the following questions will provide background information about your child’s movement ability and experience with various art mediums.

MUSIC:

Comments

Does your child:

- Listen to music at home? \_\_\_\_\_
- Listen to different kinds of music? \_\_\_\_\_
- Play with rhythm instruments at home? \_\_\_\_\_
- Like to sing? \_\_\_\_\_
- Like to dance? \_\_\_\_\_
- Have a strong interest in music? \_\_\_\_\_
- Other comments? \_\_\_\_\_

from Alexander Society for Special Needs, Nova Scotia, 2002.”

ART:

Comments

Does your child:

- Like to colour? \_\_\_\_\_
- Like to draw? \_\_\_\_\_
- Like to paint? \_\_\_\_\_
- Like to play with play dough? \_\_\_\_\_
- Use other art materials at home? \_\_\_\_\_
- What is his/her favourite art activity? \_\_\_\_\_

STORIES/DRAMA:

Comments

Does your child:

- Like to be read to? \_\_\_\_\_
- Like to dress up in play costumes? \_\_\_\_\_
- Participate in imaginative play activities? \_\_\_\_\_
- Act out different pretend characters with his/her toys? \_\_\_\_\_

MOVEMENT:

Comments

Does your child:

- Like to clap or tap out a beat to a song? \_\_\_\_\_
- Like to skip or hop? \_\_\_\_\_

Is your child able to follow short visual directions for hand/arm movements? \_\_\_\_\_

How would you describe your child's physical coordination? \_\_\_\_\_

\_\_\_\_\_

3. What are your expectations of this program for your child?

4. Do you anticipate any effect on you and/or your family from having your child attend this program?

from Alexander Society for Special Needs, Nova Scotia, 2002."

(post-program phone interview)

## Parents' Survey – Time Two

We are asking you, once again, to kindly answer some questions as part of our final round of program evaluation for this session of the creative play program. Your cooperation is greatly appreciated.

Child's Name:

Date:

Your relationship to the child:

We are interested to know how participation in this program has affected your child in positive or negative ways.

1. Have you noticed changes in any of the following areas related to Music?

- Interest in and enjoyment of music?
- Concentration and listening skills?
- Confidence to express his/her self through music?
- Forms of self-expression through music?
- Other changes related to musical expression and interest?

2. Have you noticed changes in any of the following areas related to Art?

- Interest in and enjoyment of art activities?
- Observation skills?
- Awareness of and interest in colour? \_
- Coordination and control of art materials?
- Use other art materials at home?
- Ability and/or interest to express his/her self through art?
- Other changes related to artistic interest and self-expression?

3. Have you noticed changes in any of the following areas related to stories and drama?

- Interest in hearing stories or in story telling?
- Interest to engage in imaginative play?
- Confidence to engage in imaginative play?
- Other changes related to stories and imaginative play?

4. Have you noticed changes in any of the following areas related to Movement?

- Improvement in fine motor skill?
- Co-ordination?
- Improvement in gross motor skills?
- Rhythmical skills and ability?
- Body awareness?
- Other changes related to movement and control?

5. Have you noticed changes in any of the following areas related to Social and Personal Development?

- Awareness of self?
- Self control? ( e.g. patience)
- Increased independence?
- Awareness of others?
- Social skills?
- Development of new friendships?
- Other changes related to social and personal growth?



## Parents' Post-program Evaluation

Date: \_\_\_\_\_  
(children's social skills program) day/mo/yr

*(one evaluation form per child please)*

1. Did your child like being in the group?
  
  
  
  
  
  
  
  
  
  
2. What did your child tell you about the group? What did your child like doing and not like doing?
  
  
  
  
  
  
  
  
  
  
3. Were there any noticeable changes in the behaviour of your child during or after the program?
  
  
  
  
  
  
  
  
  
  
4. What did you think about the day, time, size, or activities of the program?
  
  
  
  
  
  
  
  
  
  
5. Would you like any other follow-up services for your child? Please explain.
  
  
  
  
  
  
  
  
  
  
6. Any other comments?

Parent's name or ID \_\_\_\_\_  
From Overbrook-Forbes Community Resource Centre, Ottawa, 2002

I.D. # \_\_\_\_\_

**Parent questionnaire**

(mid or post-program)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day / month / year

**Part 1: General Questions**

**Instructions: Please circle the answer that is best for you.**

1) How did you hear about the program?

- a) a friend
- b) my child's teacher
- c) my child's friend
- d) an advertisement  
(where exactly did you see it?) \_\_\_\_\_
- e) other (please say how or where you found out) \_\_\_\_\_  
\_\_\_\_\_

2) Why did you decide to let your child come to the program?

(circle **all** the reasons that are correct for you)

- a) it is a free program
- b) it has the 'walking school bus' to pick my child up from school
- c) it gives my child somewhere safe and supervised to go after school
- d) my child will learn more English
- e) my child will get help with homework
- f) my child will learn about art and crafts
- g) my child will be active in sports and games
- h) my child will receive a nutritious snack
- i) my child will learn about music
- j) my child will have other children to play with
- k) my child will learn to get along with others

3) Have you ever told another parent, a child or one of your friends they should come to the program?     yes         no

4) Have you learned about other community resources through the program? Places to go for assistance, information or other activities for you or your child?     yes         no

Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I.D. # \_\_\_\_\_

Part II: Your Opinion of the Activities

For the following questions, please circle the number which best describes your opinion.

- 1 = my child never enjoys this activity
- 2 = my child hardly ever enjoys this activity
- 3 = my child sometimes enjoys this activity and sometimes doesn't
- 4 = my child enjoys it very much, most of the time
- 5 = my child always enjoys it a lot

1. On the scale of 1-5, how does your child enjoy the reading and writing activities at the program? (books, reading circle, mail, the newspaper etc.) 1 2 3 4 5

Comments? \_\_\_\_\_

2. How does your child enjoy getting help with homework at the program? 1 2 3 4 5

Comments? \_\_\_\_\_

3. How does your child enjoy making Art projects at the program? 1 2 3 4 5

Comments? \_\_\_\_\_

4. How does your child enjoy the game and sports at the program? 1 2 3 4 5

Comments? \_\_\_\_\_

5. How does your child enjoy the music workshops at the program? 1 2 3 4 5

Comments? \_\_\_\_\_

Part III: Behaviour Changes You Have Noticed

For the following questions, please circle the number which best describes your opinion.

- 1 I have seen no improvement since my child started coming to the program
- 2 I have seen a very small improvement
- 3 I have seen a fair improvement
- 4 I have seen a big improvement
- 5 I have seen an excellent improvement

1. By circling a number on the scale below, please rate any changes in the your child's ability to read, write, understand or speak English.

1 2 3 4 5

Comments? \_\_\_\_\_

from the Christie-Ossington Neighbourhood Centre, Toronto, 2003.

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I.D. # \_\_\_\_\_

2. Please rate on the scale any change in your child's interest in arts and crafts and creating new things.

1 2 3 4 5

Comments? \_\_\_\_\_

3. Please rate on the scale any change in your child's interest in playing sports and being active.

1 2 3 4 5

Comments? \_\_\_\_\_

4. Please rate on the scale any change in your child's interest in healthy eating.

1 2 3 4 5

Comments? \_\_\_\_\_

5. Please rate on the scale any change in your child's interest in music and making music.

1 2 3 4 5

Comments? ? \_\_\_\_\_

6. Please rate on the scale any change in how your child values himself (or herself) and acts towards others.

1 2 3 4 5

Comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part IV: How Can We Improve?

1) What changes would you make to the program, if any? How would they improve it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What features and activities do you like **most** about the program? Why are they good?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What features and activities do you like **least** about the program? What are your concerns?

\_\_\_\_\_  
\_\_\_\_\_

I.D. # \_\_\_\_\_

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4) Would you recommend the program to your friends or other parents? Please explain why or why not. \_\_\_\_\_

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5) Any additional comments or suggestions?

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Thank you for answering these questions.  
They will help us to make a better program for your children.

**PARENT Interview Form  
(AFTER-SCHOOL PROGRAM)**

Program Site: \_\_\_\_\_

Date \_\_\_\_\_  
Day/ month/ year

Your initials: \_\_\_\_\_

**We are asking the parents of children who attended the After-School Program this year what they thought about it and if there are ways we can make it better for next year. We won't identify your comments by name and your answers will be grouped together with those from other parents to find out general ideas about the program.**

1. How many children did you have attending the After-School Program? \_\_\_\_\_

a) What are their genders, ages and grades in school?

	<u>Gender (M/F)</u>	<u>Age</u>	<u>Grade in School 2003/04</u>
<u>Child #1</u>	_____	_____	_____
<u>Child #2</u>	_____	_____	_____
<u>Child #3</u>	_____	_____	_____
<u>Child #4</u>	_____	_____	_____

2. How long did your child(ren) attend the After-School Program?

Child #1: From \_\_\_\_\_ to \_\_\_\_\_

Child #2: From \_\_\_\_\_ to \_\_\_\_\_

Child #3: From \_\_\_\_\_ to \_\_\_\_\_

Child #4: From \_\_\_\_\_ to \_\_\_\_\_

3. How often, on average, did your child(ren) attend the After-School Program? (*indicate number of children for each category*)

Once in a while \_\_\_\_\_

Once a week \_\_\_\_\_

Twice a week \_\_\_\_\_

Three times a week \_\_\_\_\_

Four times a week \_\_\_\_\_

Every day \_\_\_\_\_

b) If your children didn't attend the After-School Program every day, what did they do after school (3:30 to 5:30 p.m.) on the days that they weren't in the After-School Program?

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\_\_\_\_\_  
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4. Why did you want your child(ren) to attend the After-School Program?

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5. Do you think the After-School Program has had any effect on your child(ren)?

Yes \_\_\_\_\_ No \_\_\_\_\_

a) If yes, what kinds of things have you noticed?

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6. Has your child(ren)'s school performance changed since they began attending the After-School Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

a) If yes, in what ways?

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b) What do you think are the reasons for this?

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7. Have you seen any changes in your child(ren)'s ability to get along with others since they began attending the After-School Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

a) If yes, please describe these.

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b) What do you think are the reasons for this?

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8. What do you feel your children have learned from participating in the After-School Program?

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9. What do/did you like about the After-School Program?

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10. Did your child(ren) ever talk to you about what goes on at the After-School Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_

a) If yes, did they say what they liked about the program? Please be as specific as you can.

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b) Did they say what they didn't like about the program? Please be specific.

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11. What would your child(ren) be doing or have been doing after school (3:30 to 5:30 p.m.) if they weren't participating in the After-School Program?

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12. Have your children made any new friends in the After-School Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

a) If yes, how many? \_\_\_\_\_

b) Do your children play with friends from the After-School Program when they're not at the program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

13. How many people in the neighbourhood could your child(ren) turn to if they needed help? \_\_\_\_\_

a) How sure are you that these people would be willing to help if your child(ren) asked for help?

Very sure \_\_\_\_\_

Fairly sure \_\_\_\_\_

Not sure at all \_\_\_\_\_

14. Do you have any suggestions for changes or improvements to the After-School Program?

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15. Do you plan to send your child(ren) to the After-School Program next fall?

Yes \_\_\_\_\_

No \_\_\_\_\_

Not sure \_\_\_\_\_

a) Why or why not?

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16. Do you have any other comments - is there anything else you'd like to tell us about the After-School Program?

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***Thank you for your response!***

**PARENT GROUP INTERVIEW FORM**

Program Site: \_\_\_\_\_

Group No. \_\_\_\_\_ Date \_\_\_\_\_  
Day/mo/yr

Name(s) of staff person(s) conducting interview: \_\_\_\_\_  
\_\_\_\_\_

*[Introduction text:] We're talking to the parents of kids who attended the After-School Program this year to find out what they thought about it and if there are ways we can make it better for next year. We won't write your name on your comments, and we'll group your answers together with answers from other parents to find out general ideas about the program.*

1. How many children did you have attending the After-School Program, and what are their genders, ages and grades in school?

	<u>Participant Code</u>	<u>No. of Children attending After-School Program</u>	<u>Gender/Age/Grade of each child attending After-School Program</u>
Parent 1:	_____	_____	_____
Parent 2:	_____	_____	_____
Parent 3:	_____	_____	_____
Parent 4:	_____	_____	_____
Parent 5:	_____	_____	_____
Parent 6:	_____	_____	_____

2. How long did your child(ren) attend the After-School Program (from when till when)? (indicate **number of children** for each category)

- |                              |                             |
|------------------------------|-----------------------------|
| From September to June _____ | From February to June _____ |
| From October to June _____   | From March to June _____    |
| From November to June _____  | From April to June _____    |
| From December to June _____  | From May to June _____      |
| From January to June _____   | Other (specify):            |
|                              | From _____ to _____         |
|                              | From _____ to _____         |

3. How often, on average, did your child(ren) attend the After-School Program? (indicate **number of children** for each category)

- Once in a while \_\_\_\_\_
- Once a week \_\_\_\_\_
- Twice a week \_\_\_\_\_
- Three times a week \_\_\_\_\_
- Four times a week \_\_\_\_\_
- Every day \_\_\_\_\_

**(For the remaining questions, list all the things parents say; if more than one parent says the same thing, indicate in brackets after the comment how many parents made that comment)**

b) If your children didn't attend the After-School Program every day, what did they do after school (3:30 to 5:30 p.m.) on the days that they weren't in the After-School Program?

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4. Why did you want your child(ren) to attend the After-School Program?

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5. Do you think the After-School Program has had any effect on your child(ren)?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

a) (If yes) What kinds of things have you noticed?

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6. Has your child(ren)'s school performance changed since they began attending the After-School Program?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

a) (If yes) In what ways?

**(Remember to list all parents' comments; if more than one parent repeats a comment, put in brackets behind that comment the number of parents making that comment)**

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b) What do you think are the reasons for this?

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7. Have you seen any changes in your child(ren)'s ability to get along with others since they began attending the After-School Program?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

a) (If yes) Please describe these.

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b) What do you think are the reasons for this?

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**(Remember to list all parents' comments; if more than one parent repeats a comment, put in brackets behind that comment the number of parents making that comment)**

8. What do you feel your children have learned from participating in the After-School Program?

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9. What do/did you like about the After-School Program?

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10. Did your child(ren) ever talk to you about what goes on at the After-School Program?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

a) (If yes) Did they say what they liked about the program? Please be as specific as you can.

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b) Did your children say what they didn't like about the program? Please be specific.

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**(Remember to list all parents' comments; if more than one parent repeats a comment, put in brackets behind that comment the number of parents making that comment)**

11. What would your child(ren) be doing or have been doing after school (3:30 to 5:30 p.m.) if they weren't in the After-School Program?

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12. Have your children made any new friends in the After-School Program?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

Don't know (indicate number of responses) \_\_\_\_\_

a) (If yes) How many? (indicate number of responses for each category)

One \_\_\_\_\_

Two \_\_\_\_\_

Three \_\_\_\_\_

Four or more \_\_\_\_\_

b) Do your children play with friends from the After-School Program when they're not at the program?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

Don't know (indicate number of responses) \_\_\_\_\_

13. How many people in the neighbourhood could your child(ren) turn to if they needed help? (indicate number of responses for each category)

One \_\_\_\_\_

Two \_\_\_\_\_

Three \_\_\_\_\_

Four or more \_\_\_\_\_

a) How sure are you that these people would be willing to help if your child(ren) asked for help? (indicate number of responses for each category)

Very sure \_\_\_\_\_

Fairly sure \_\_\_\_\_

Not sure at all \_\_\_\_\_

14. Do you have any suggestions for changes or improvements to the After-School Program? Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

**(Remember to list all parents' comments; if more than one parent repeats a comment, put in brackets behind that comment the number of parents making that comment)**

a) (If yes) What suggestions do you have?

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15. Do you plan to send your child(ren) to the After-School Program next fall?

Yes (indicate number of responses) \_\_\_\_\_

No (indicate number of responses) \_\_\_\_\_

a) (If yes) Why?

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b) (If no) Why not?

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16. Do you have any other comments - is there anything else you'd like to tell us about the After-School Program?

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**Thanks for talking to us, we appreciate you spending the time to help us find out more about the program's impact.**