



Study of Promising After-School Programs

Director Survey

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AFTER-SCHOOL DIRECTOR

The forms in this booklet ask about your background and your experiences working at the after-school program. All of your answers are strictly confidential. This cover sheet will be removed from the booklet after we receive it.

Please return the booklet in the envelope provided. After we receive the completed booklet, we will mail a \$10 check to you at the address you give us below.

Thank you for taking the time to participate in this important national study.

Name: _____

Address: _____

Program: _____

Questions 1 – 4 ask about your program.

1. Please complete the following two grids regarding space and materials that are available to your program. Circle ONE number for each statement.

Space	Space is not available	Limited space	Adequate space
a. Art room	0	1	2
b. Science lab	0	1	2
c. Computer lab	0	1	2
d. Classroom	0	1	2
e. Music room	0	1	2
f. Cafeteria	0	1	2
g. Kitchen	0	1	2
h. Gym	0	1	2
i. Auditorium	0	1	2
j. Library	0	1	2
k. Playground or outdoor activity space	0	1	2
l. Nursing area or infirmary for sick children	0	1	2
m. Office space for staff planning	0	1	2
n. Storage space	0	1	2
o. Space where I can meet privately with parents or children/youth	0	1	2
p. Other (specify)_____	0	1	2

Materials	Materials not available	Inadequate materials	Adequate materials
a. Calculators and math tools	0	1	2
b. Computers for student use	0	1	2
c. Art supplies (crayons, paints, drawing tools, clay, etc.)	0	1	2
d. Books/magazines for leisure reading	0	1	2
e. Games, puzzles, etc.	0	1	2
f. Physical education equipment	0	1	2
g. Reference books for planning activities	0	1	2
h. Transportation for field trips	0	1	2
i. Computers for staff use	0	1	2
j. Photocopier	0	1	2
k. Other (specify)_____	0	1	2

2. How often do activity leaders at this after-school program meet together for at least 30 minutes to discuss program-related issues (without students)? (Circle ONE)
- a. Never (*skip to question 5*)
 - b. Once a year
 - c. Every 2-3 months or once a semester
 - d. Monthly
 - e. Bi-weekly
 - f. Weekly
 - g. Daily
 - h. Other (specify)_____
3. What are the most common discussion topics/agenda items at these meetings? (Circle ALL that apply)
- a. Program logistics
 - b. Planning program activities
 - c. Individual students and/or their needs
 - d. Staff training/professional development
 - e. Other (specify)_____
4. Are activity leaders compensated for this planning/meeting time?
- a. No
 - b. Yes, all meetings
 - c. Yes, some but not all meetings

Questions 5 – 9 ask about relations between your program and the partner school.

5. How often do you meet with the principal or other key administrator at the partner school(s) to discuss issues related to the program or school? (Circle ONE)
- a. Never (*skip to question 7*)
 - b. 1-2 times a year
 - c. 1-2 times a semester
 - d. Monthly
 - e. At least 2- 3 times a month
 - f. Weekly

6. What are the most common topics of discussion with the principal or other key school administrator? Circle ONE number for each statement.

	Never	Sometimes	Regularly
a. Planning program content	0	1	2
b. Issues related to classroom/shared space	0	1	2
c. Enrollment levels/policies	0	1	2
d. Student discipline issues/policies	0	1	2
e. Staffing of the program	0	1	2
f. Other (specify)_____	0	1	2

7. Do you attend school faculty or school leadership team meetings?

- a. No (*skip to question 8*)
b. Yes

If yes, please complete the following grid about the frequency with which you attend the following meetings. Circle ONE number for each statement.

	Never	Sometimes	Regularly
a. School faculty meetings	0	1	2
b. School leadership team meetings	0	1	2
c. Other school meetings	0	1	2

8. We are interested in learning about your communications with teachers at your partner school(s). Circle ONE number for each statement. How often do you talk with teachers about:

	Never	1 to 2 times a semester	Once a month	At least 2 to 3 times a month
a. Curriculum concepts being taught in school	0	1	2	3
b. Homework assignments	0	1	2	3
c. The needs or progress of individual students	0	1	2	3
d. Issues related to classroom/shared space	0	1	2	3

9. Do you agree or disagree with the following statements about the relationship between your program and your partner school(s)? Circle ONE number for each statement.

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
a. There is a strong partnership between the after-school program and the school	1	2	3	4	0
b. The principal keeps me informed of important decisions and issues related to school policy	1	2	3	4	0
c. Teachers are willing to collaborate with the after-school program staff	1	2	3	4	0
d. After-school program staff are responsive to ideas and suggestions from school staff	1	2	3	4	0
e. After-school staff reach out to teachers to identify the needs of students	1	2	3	4	0
f. School staff are encouraged to visit the program	1	2	3	4	0
g. School staff follow through with the commitments they make to me and to other after-school program staff	1	2	3	4	0
h. School staff transmit important information about children and parents to me and to my staff in a timely fashion	1	2	3	4	0
i. After-school staff take care of the space the school provides for the program	1	2	3	4	0
j. Curriculum and instruction in the after-school program reinforce concepts taught during the school day	1	2	3	4	0
k. The after-school program has enough capacity to serve all interested students	1	2	3	4	0
l. The program is well coordinated with other after-school activities at the school	1	2	3	4	0

Questions 10 – 11 ask about relations with parents of students and others in the community.

10. We're interested in learning about your program's relationship with parents. Circle ONE number for each statement. How often do you:

	Never	1 to 2 times a semester	Once a month	At least 2 to 3 times a month
a. Meet with parents individually (not as a group)	0	1	2	3
b. Talk with parents over the phone	0	1	2	3
c. Send information about the program home to parents	0	1	2	3
d. Hold events or meetings for parents	0	1	2	3

11. We're interested in learning about the types of support and resources your program receives from other organizations, agencies, or businesses. Circle ONE number for each statement. How many organizations, if any:

	None	1	2 – 4	5 or more
a. Provide special programs/activities/services for children/youth (on- or off-site)	0	1	2	3
b. Provide special programs/activities/services for parents/families (on- or off-site)	0	1	2	3
c. Provide regular volunteers/mentors to the program	0	1	2	3
d. Donate materials or supplies	0	1	2	3
e. Donate facilities/space	0	1	2	3
f. Provide transportation services for students	0	1	2	3
g. Provide funding through grants or contracts	0	1	2	3
h. Refer students to program	0	1	2	3
i. Provide other types of support (specify) _____	0	1	2	3

Questions 12-17 ask about your background and training.

12. Do you hold another role or position within the sponsoring organization or partner school(s), in addition to your job as program director for this after-school program? (Circle ALL that apply)

- a. No, I do not have another role or position within the organization or school.
- b. I am also the Executive Director or Assistant Director of the sponsoring organization
- c. I supervise other after-school programs operated by the sponsoring organization
- d. I am a teacher at the school where this after-school program is located
- e. I am a teacher at another school
- f. I am a paraprofessional/instructional aide/teacher's aide/classroom aide
- g. I hold some other job within the partner school(s) in addition to this one

Please specify: _____

13. What types of jobs did you have before you became the program director for this after-school program? How many years did you spend in each job? Circle ONE number for each statement.

Your previous experience	None	Less than 1 year	1-3 years	4-6 years	7-10 years	More than 10 years
a. Recreation, youth, or child-care worker	0	1	2	3	4	5
b. Social services or health services provider	0	1	2	3	4	5
c. Teacher or teaching assistant (paraprofessional)	0	1	2	3	4	5
d. Camp counselor/leader	0	1	2	3	4	5
e. Administrator at a child/youth center or at a park or recreation center	0	1	2	3	4	5
f. Administrator in a social services organization	0	1	2	3	4	5
g. Other (specify) _____	0	1	2	3	4	5

14. What is your highest level of education? (Circle ONE)

- a. Less than high school
- b. High school or GED
- c. Some college, other classes/training not related to a degree
- d. Completed two-year college degree
- e. Completed four-year college degree
- f. Some graduate work
- g. Master's degree or higher

15. Which best describes your race or ethnicity? (Circle ONE)

- a. Black (not Hispanic)
- b. Hispanic/Latino
- c. Asian or Pacific Islander
- d. Native American or Alaskan Native
- e. White (not Hispanic)
- f. Other (specify) _____

16. Please specify your gender:

- a. Female
- b. Male

17. What is your age? (Circle ONE)

- a. Under 18
- b. Between 18 and 21
- c. Between 22 and 25
- d. Between 26 and 35
- e. Between 36 and 45
- f. Over 45

Supplemental Program Information

Program:

Director:

Date:

Current Year's Program Information

Program Hours:

M _____ T _____ W _____ TH _____ F _____ Sat _____

Fall Start Date: _____ Spring End Date: _____

Program Enrollment

GRADES	NUMBER OF PROGRAM PARTICIPANTS
Pre-K	
K	
1 st	
2 nd	
3 rd	
4 th	
5 th	
6 th	
7 th	
8 th	
Total Number of Students	

TOTAL Number of STAFF (paid AND volunteer): _____

Ethnicity/Race of Students Who Attend the Program

Ethnicity	% Program Participants
% White, Not Hispanic	
% African-American	
% Asian	
% Hispanic/Latino	
% American Indian	
% Other	
Total	100%

Budget Information

Please fill in the boxes that best describe your major funding sources. Percentages should add up to 100%.

Annual budget \$ _____

Funding Sources	Approximate PERCENT of total budget
School district	
Local government	
State government	
Federal government	
-21st CCLC	(_____)
-GEAR UP	(_____)
-Title 1	(_____)
-Safe and Drug Free Schools	(_____)
-Other Federal funds	(_____)
Federal government total	
National foundation	
Local foundation	
Private donor or Corporation	
Subcontractor	
Child fees	
Other:	
TOTAL	100%

Please add all federal government percentages together & enter number here

STAFF INFORMATION FORM

Please complete the following information regarding the program director/coordinator and **EACH STAFF** member who **works with students at the program at least 30 minutes per week.** **Include all paid staff, contracted providers, volunteers, and any others.**

Please use the code numbers **shown on the next page** to complete the shaded columns. Use additional pages if necessary.

Name	# days worked per week	# hours worked per week	Length of time with the after-school program	Paid by program Yes/No	Primary role at program	Highest level of education	Certified in school-age child care, child development Yes/No	Certified school teacher Yes/No	Employed at partner school Yes/No	Role at partner school
1. [director/coordinator]			___ yrs. ___ mos.							
2.			___ yrs. ___ mos.							
3.			___ yrs. ___ mos.							
4.			___ yrs. ___ mos.							
5.			___ yrs. ___ mos.							
6.			___ yrs. ___ mos.							
7.			___ yrs. ___ mos.							
8.			___ yrs. ___ mos.							
9.			___ yrs. ___ mos.							
10.			___ yrs. ___ mos.							
11.			___ yrs. ___ mos.							
12.			___ yrs. ___ mos.							
13.			___ yrs. ___ mos.							
14.			___ yrs. ___ mos.							
15.			___ yrs. ___ mos.							