



# Study of Promising After-School Programs

Program Staff Survey

Date is: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

## A. Your Job

1. How long have you been working at this after-school program? (Circle ONE)

- a. Less than one year
- b. 1 – 2 years
- c. 3 – 5 years
- d. 6 – 10 years
- e. More than 10 years

2. Which best describes your current primary role(s) in this after-school program?  
(Circle ALL that apply)

- a. Homework Help/Tutoring
- b. Performing or Creative Arts Instruction
- c. Athletic/Physical Education/Fitness/Martial Arts Instruction
- d. Supervision of Other Recreational Activities/Games
- e. Reading/Language Arts Instruction
- f. Math/Science Instruction
- g. Parent/Community Outreach
- h. Other (specify): \_\_\_\_\_

3. Are you responsible for planning activities at the program?

- a. No (*skip to question 9*)
- b. Yes

4. How often do you plan activities? (Circle ONE)

- a. Never
- b. Once a year
- c. Twice a year
- d. Monthly
- e. Weekly
- f. Daily

5. Are your activity plans reviewed by someone else?

- a. No
- b. Yes

6. Do you review others' activity plans?

- a. No
- b. Yes

7. Is planning time provided?

- a. No (*skip to question 9*)
- b. Yes

8. Are you compensated for planning time?

- a. No
- b. Yes  
→ Specify number of hours per week: \_\_\_\_\_

## B. Job Satisfaction and Support

Below are some questions about your experience working in the after-school program.

9. How often do you meet with other staff at this after-school program to discuss program-related issues (without students) for at least 30 minutes? (Circle ONE)

- a. Never (*skip to question 12*)
- b. Once a year
- c. Every 2-3 months or once a semester
- d. Monthly
- e. Weekly
- f. Other (specify): \_\_\_\_\_

10. 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. Providing training/professional development
- e. Other (specify): \_\_\_\_\_

11. Are you compensated for this meeting time? (Circle ONE)

- a. No
- b. Yes, all meetings
- c. Yes, some but not all meetings

12. How much do you agree or disagree with the following statements about your experiences working at the after-school program? Circle ONE number for each statement.

	Strongly disagree	Disagree	Agree	Strongly agree
a. I enjoy working here	1	2	3	4
b. I have the materials I need to do a good job	1	2	3	4
c. I have the space I need to do a good job	1	2	3	4
d. I find the work here challenging and rewarding	1	2	3	4
e. I get the support and feedback I need from my supervisor	1	2	3	4
f. I have enough opportunities to talk and share ideas with other staff	1	2	3	4
g. I generally work on my own	1	2	3	4
h. After-school staff members are committed to their work	1	2	3	4
i. After-school staff members support each other and work as a team	1	2	3	4
j. The director involves staff in important decisions about program operations and design	1	2	3	4

### C. Training and Technical Assistance

Below are questions about the training and technical assistance available to program staff.

13. Did you attend any training during this academic year?

- a. No (*skip to question 16*)
- b. Yes

14. How many total hours of training did you receive this academic year? \_\_\_\_\_

15. Are you paid for training as part of your job at the after-school program?

- a. No
- b. Yes

### D. Relationships with Partner School(s) and Community

Below are some questions about the relationship and communication between your after-school program and the partner school(s) and community. Circle ONE number for each statement.

16. During this academic year, how often did you talk with teachers in the program's partner school(s) 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 space	0	1	2	3

17. We're interested in learning about your relationship with parents. During this academic year, how often did 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

**18. Are you also employed by your program's partner school?**

- a. No (*skip to question 20*)
- b. Yes

**19. If yes, what type of position do you hold at the school? (Circle ONE)**

- a. School Administrator
- b. Classroom Teacher
- c. Instructional Specialist (e.g., music, art, physical education, reading)
- d. Classroom Aide/Teaching Assistant
- e. Pupil Support Staff (e.g., school counselor, social worker, psychologist)
- f. ESL instructor
- g. Some other position in the school setting. Specify: \_\_\_\_\_

**E. Your Background and Experience**

Below are some questions about your professional background and experience.

**20. Prior to taking your job with this after-school program, how many years of experience did you have working in social services, youth services, or community organization(s)? (Circle ONE)**

- c. None (*skip to question 22*)
- d. 1 – 2 years
- e. 3 – 5 years
- f. 6 – 10 years
- g. More than 10 years

**21. If you have worked in social services, youth services, or community organization(s), how many years of experience did you have providing direct services to children or youth (prior to your job with the after-school program)? (Circle ONE)**

- a. None
- b. 1 – 2 years
- c. 3 – 5 years
- d. 6 – 10 years
- e. More than 10 years

**22. Prior to taking your position with this after-school program, did you have experience working in a school setting?**

- a. No (*skip to question 24*)
- b. Yes

**23. If you had prior experience working in a school setting, how many years of experience did you have in the following types of position? Circle ONE number for each statement.**

	None	1 – 2 Years	3 – 5 Years	6 – 10 Years	More than 10 Years
a. School Administrator	0	1	2	3	4
b. Classroom Teacher	0	1	2	3	4
c. Instructional Specialist (e.g., music, art, physical education, reading)	0	1	2	3	4
d. Classroom Aide/Teaching Assistant	0	1	2	3	4
e. Pupil Support Staff (e.g., school counselor, social worker, psychologist)	0	1	2	3	4
f. ESL Instructor	0	1	2	3	4
g. Some other position in a school setting Specify: _____	0	1	2	3	4

**24. 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

**25. 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) \_\_\_\_\_

**26. Please specify your gender:**

- a. Female
- b. Male

**27. What is your age? (Circle ONE)**

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