

**Thank you for giving feedback on your child's 2014 Club Invention Afterschool experience. We use your responses to make improvements to help your child learn and have a positive after school experience. If you have more than one child in a program, please complete a separate survey about each child.**

How important were each of these reasons in your decision to send your child to Club Invention Afterschool?	Very important (3)	Somewhat important (2)	Not at all important (1)
Program's reputation for quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for my child to be with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unique educational programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is interested in science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child is interested in inventing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you think your child liked each of these program activities?	Liked very much (5)	Liked a little (4)	Did not like or dislike (3)	Disliked a little (2)	Disliked very much (1)	I don't know (0)
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploring STEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much change have you seen in your child in the following areas since they participated in this program?	Much stronger (5)	A little bit stronger (4)	No change (3)	A little bit weaker (2)	Much weaker (1)	I don't know (0)
Thinking creatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coming up with new or creative ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning effectively or figuring things out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking at familiar things from a new angle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making good judgments or decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying many or unusual ways to solve a problem or accomplish a task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working together with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticking to a problem or activity even if not successful at first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding new uses for things/objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following questions by choosing the answer that best fits your experience.**

Overall, how would you rate your child's experience in the program?

☐ Excellent   ☐ Good   ☐ Poor   ☐ Very Poor   ☐ Don't Know

How would you rate the interaction you have had with the Instructor?

☐ Excellent   ☐ Satisfactory   ☐ Somewhat unsatisfactory   ☐ Very unsatisfactory   ☐ I had no contact

How likely are you to send your child to this program again?

☐ Very Likely   ☐ Somewhat Likely   ☐ Very Unlikely   ☐ My child will be too old

Please explain any of your answers that you think can help us make improvements: \_\_\_\_\_

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Where did your child attend Club Invention Afterschool? \_\_\_\_\_

When did Club Invention Afterschool start? \_\_\_\_\_

What grade is your child in? \_\_\_\_\_

What is your child's gender? ☐ Male   ☐ Female

# Parent Survey



*As a non-profit the following questions are very important to helping us serve more children each year. These questions are optional.*

To which racial or ethnic group(s) do you most identify?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Hispanic / Latino  | <input type="checkbox"/> Other: _____    |

If you are currently employed, who is your employer? \_\_\_\_\_

What other programs does your child attend throughout the school year? \_\_\_\_\_

Is your child physically challenged? ☐ Yes ☐ No

Is your child developmentally challenged? ☐ Yes ☐ No

What accommodations, if any, does your child need to have a good experience in this program?

***Thank you for your valuable feedback and willingness to help us deliver the world's premier education programming!***

**The Club Invention Afterschool program would like to contact parents of some of this year's participants in the future to help us improve future programming. If you are willing to take part in a short telephone or Web survey in the future, please provide:**

Your full name: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Your E-mail address: \_\_\_\_\_



