**New Hampshire Department of Education - Student Survey**

**EVALUATION OF NEW HAMPSHIRE**

**21ST CENTURY COMMUNITY LEARNING CENTERS**

**Older Youth Survey**

Dear Student:

To help make this afterschool program better, we are surveying students to learn their thoughts about it.

**This survey is voluntary**. If you do not want to fill out the survey, you do not need to. However, we hope you will fill it out because your answers are important.

**This survey is private**. No one at your school, home, or afterschool program will see your answers.

**This is not a test.** There are no right or wrong answers, and your answers will not affect your place in the afterschool program in any way. Please answer all of the questions as honestly as you can. If you are uncomfortable answering a question, you may leave it blank.

Thank you for your help!

1. How often do you attend this afterschool program each month? 0-5 times; 6-10 times; 11-20 times; more than 20 times.
2. How often can you do these activities at this afterschool program? **(Select one in each row.)**

|  | Never | Some of the time | Most of the time or always |
| --- | --- | --- | --- |
| Homework/schoolwork help |  |  |  |
| Projects and hands-on activities |  |  |  |
| Sports and physical activity |  |  |  |
| Healthy eating/cooking |  |  |  |
| Art, music or theater |  |  |  |
| Technology |  |  |  |
| Drug and violence prevention |  |  |  |
| Community service |  |  |  |
| Learning about careers or college |  |  |  |

1. Please answer the following questions about how you feel about this afterschool program. **(Select one in each row.)**

|  | No, never | Yes, some of the time | Yes, most of the time or always |
| --- | --- | --- | --- |
| Do you like this program? |  |  |  |
| Do you have lots of choices of activities to do in this afterschool program? |  |  |  |
| Do you get to try new things at this afterschool program? |  |  |  |
| Do you feel like you belong at this program? |  |  |  |
| Do you feel safe at this program? |  |  |  |
| Is there at least one adult at this program you can talk to if you have a problem? |  |  |  |
| Do you have friends in this program? |  |  |  |

1. Please answer the following questions about your experiences at this program. **(Select one in each row.)**

|  | No, never | Yes, some of the time | Yes, most of the time or always |
| --- | --- | --- | --- |
| Do program staff ask you for ideas about activities? |  |  |  |
| Do you help plan activities in this program? |  |  |  |
| Do you get to be a leader in any activities? |  |  |  |
| Do you get to help other students in any activities (like tutoring another student, or helping others with something you are good at)? |  |  |  |
| Do you get to help staff in any activities (for example, take attendance or hand out materials)? |  |  |  |

1. Please answer the following questions about the other people at this afterschool program. **(Select one in each row.)**

|  | No, never | Yes, some of the time | Yes, most of the time or always |
| --- | --- | --- | --- |
| Do the students in this program respect each other? |  |  |  |
| Do the students at this program help others learn? |  |  |  |
| Do the students at this program get along well with others? |  |  |  |
| Do the adults at this program let you know they care about you? |  |  |  |
| Are the adults in this program fair to you? |  |  |  |
| Do the adults at this program respect you? |  |  |  |
| Do the adults at this program tell you when you do a good job? |  |  |  |
| Do the adults at this program listen to you? |  |  |  |
| When the adults at this program tell you not to do something, do they explain why? |  |  |  |
| When the adults in this program tell you not to do something, do you have the chance to discuss it with them? |  |  |  |

1. Please answer the following questions about your interest in school and schoolwork. **(Select one in each row.)**

|  | No, never | Yes, some of the time | Yes, most of the time or always |
| --- | --- | --- | --- |
| I like school. |  |  |  |
| I try hard to get good grades in school. |  |  |  |
| What I am learning in school is important for my future. |  |  |  |
| I understand how to do my homework/schoolwork. |  |  |  |
| I think the schoolwork assigned to me is meaningful and important. |  |  |  |
| It is important to me that I learn a lot of new concepts in school. |  |  |  |
| One of my goals in school is to learn as much as I can. |  |  |  |
| One of my goals is to master a lot of new skills. |  |  |  |
| It is important that I thoroughly understand my school work. |  |  |  |

1. Please answer the following questions about yourself. **(Select one in each row.)**

|  | No, never | Yes, some of the time | Yes, most of the time or always |
| --- | --- | --- | --- |
| Are you a hard worker? |  |  |  |
| Do you finish what you start? |  |  |  |
| Do you continue to try hard, even if you feel like quitting? |  |  |  |
| If something looks hard to do, do you still try it? |  |  |  |
| Are you comfortable asking for help? |  |  |  |
| Do you know who to ask for the help you need? |  |  |  |
| Do you set goals for yourself? |  |  |  |
| Do you stay committed to the goals that you set for yourself? |  |  |  |
| I can do even the hardest schoolwork if I try. |  |  |  |
| I believe I can make a contribution to society. |  |  |  |
| I am optimistic about my future. |  |  |  |

1. Please answer the following questions about yourself. **(Select one in each row.)**

|  | No, never | Yes, some of the time | Yes, most of the time or always |
| --- | --- | --- | --- |
| I try to be nice to other people. I care about their feelings. |  |  |  |
| I share with others. |  |  |  |
| I get very angry and lose my temper. |  |  |  |
| I am helpful if someone is hurt, upset or feeling ill. |  |  |  |
| I have one good friend or more. |  |  |  |
| I stay calm when others criticize me. |  |  |  |
| I like to try new things. |  |  |  |
| I fight with other students. |  |  |  |
| I would rather be alone than with people my own age. |  |  |  |
| I am accused of lying or cheating. |  |  |  |
| I think before I do things. |  |  |  |
| I offer to help others (parents, teachers, other students). |  |  |  |

1. At this program I learned… **(Select one in each row.)**

|  | Not at all | A little | A Lot |
| --- | --- | --- | --- |
| New ways to help me study better. |  |  |  |
| About what I might want to study in the future. |  |  |  |
| About jobs or careers that I might like to have when I am older |  |  |  |
| How to prepare for college. |  |  |  |

1. Did you get help with the survey? **(Select one.)**

* Yes, I got help reading the survey
* Yes, I got help understanding the questions
* Yes, I got help with both reading the survey and understanding the questions
* No