

# ASPIRE Survey

After School Program Integrating Recreation & Education

1. Parent/Guardian Name: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Youth name: \_\_\_\_\_
4. Age: \_\_\_\_\_
5. Is there a need in your community? YES NO
6. Do you believe this program will benefit your child? YES NO
7. Is transportation a problem for you? YES NO
8. Would your child participate in programming on a Saturday? YES NO
9. How many days a week would work well for your child?
  - 1
  - 2
  - 3
10. Would the following hours work well, 3:30-6:30? YES NO
11. Is your child involved in any extracurricular activities? YES NO
12. Check what would most interest your child?
  - Arts & Crafts
  - Sports
  - Tutoring
  - Field Trips
  - Guest Speakers
  - Mentoring
  - Table Top Games