Participant Pre-Survey
Cranbrook Afterschool Activity Program

This activity is funded by the Australian Government through Communities for Children Program - facilitated by Amity Health. As a Dept of Social Services funded program we need to collect participant and program related data. Your feedback is valuable, confidential, and will help guide future activities.

Parent/Carer Name: _____ Date: / /

Child's Name: _____

Participant Pre-Program Survey	
Please rate the following statements based on how you feel before attending the Program	Disagree  Neither Agree
I feel my child's independence, skills, and knowledge development are similar to children of the same age.	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
My child feels connected with and supported by family, friends and people within the community.	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
I feel my child is confident and comfortable in being able to create and maintain healthy relationships	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
My child is confident and feels empowered to make decisions to help improve their circumstances	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5

Thank you for taking the time to complete this survey.

Participant Pre-Survey
Cranbrook Afterschool Activity Program

Additional Children

Childs name:	
Please rate the following statements based on how you feel before attending the Program	Disagree  Neither Agree
I feel my child's independence, skills, and knowledge development are similar to children of the same age.	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
My child feels connected with and supported by family, friends and people within the community.	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
I feel my child's social and emotional wellbeing does not overly affect our day-to-day life	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
My child is confident and feels empowered to make decisions to help improve their circumstances	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
Childs name:	
Please rate the following statements based on how you feel before attending the Program	Disagree  Neither Agree
I feel my child's independence, skills, and knowledge development are similar to children of the same age.	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
My child feels connected with and supported by family, friends and people within the community.	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
I feel my child's social and emotional wellbeing does not overly affect our day-to-day life	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5
My child is confident and feels empowered to make decisions to help improve their circumstances	1- - - - - - -2 - - - - - - -3 - - - - - - -4 - - - - - - -5

Thank you for taking the time to complete this survey