

# Parent Interest Survey

Please return completed form to Waimea Elementary School Office for PCNC



1. Does your child (children) attend an after school program at Waimea Elementary School?  
(Circle One)  
Yes                      No

2. How many days per week does your child attend an after school program at Waimea Elementary School?  
(Circle One)    1        2        3        4        5

3. Why did you enroll your child (children) in the after school program at WES? ( Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> To have something to do after school | <input type="checkbox"/> To have fun               |
| <input type="checkbox"/> To be safe after school              | <input type="checkbox"/> To get help with homework |
| <input type="checkbox"/> To gain skills for school success    | Other _____  |
| <input type="checkbox"/> To build friendships                 | Other _____  |

4. What have been the benefits of participating in the after school program for your child (children)?

- |   |  |
|---|--|
| <input type="checkbox"/> To have something to do after school | <input type="checkbox"/> To have fun               |
| <input type="checkbox"/> To be safe after school              | <input type="checkbox"/> To get help with homework |
| <input type="checkbox"/> To gain skills for school success    | Other _____  |
| <input type="checkbox"/> To build friendships                 | Other _____  |

**Waimea Elementary School** wants to children be more successful in school. Sometimes children have challenges in their lives that make school success difficult. Please provide us with your thoughts about how we could help your child be more successful:

5. What kinds of challenges do children who you know (in this community) face that make success in school difficult?

- |   |   |
|---|---|
| <input type="checkbox"/> Difficulty in reading            | <input type="checkbox"/> Family Stress                      |
| <input type="checkbox"/> Difficulty with Math and Science | <input type="checkbox"/> Need positive role models          |
| <input type="checkbox"/> Physical Health issues           | <input type="checkbox"/> Better relationships with teachers |
| <input type="checkbox"/> Mental Health issues             | <input type="checkbox"/> Ways to improve behavior           |
| Other _____   | Other _____   |

6. What kinds of programs and services do you think would help your children have greater success in school?

- |  |   |
|--|---|
| <input type="checkbox"/> Reading improvement programs  | <input type="checkbox"/> Family Support Services                      |
| <input type="checkbox"/> Math and Science Programs   | <input type="checkbox"/> Mentoring Programs                           |
| <input type="checkbox"/> Health and Nutrition Programs   | <input type="checkbox"/> Programs to help parents help their children |
| <input type="checkbox"/> Mental Health Services  | Other _____   |
| <input type="checkbox"/> Life Skills program for students  | Other _____   |
| <input type="checkbox"/> Behavior management programs for students                                   |   |
| <input type="checkbox"/> Opportunities for Parents and Teachers to work together for student success |   |

7. Would you be willing to talk in a discussion group about student needs?        Yes        No

8. Would you be willing to work with us to develop programs & services to ensure student success?  
Yes                      No                      Can't now, but in the future

How can we contact you?

Your Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Waimea Elementary School is working to develop new programs for students, parents and community members. We need your input to identify programs that interest you. Please check all activities you would participate in if they were available on campus after school or on weekends.

<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Fishing
<input type="checkbox"/> Book club	<input type="checkbox"/> Gardening
<input type="checkbox"/> Community theater	<input type="checkbox"/> Nutrition classes
<input type="checkbox"/> Creative writing	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Crocheting	<input type="checkbox"/> Self Defense
<input type="checkbox"/> Dance	<input type="checkbox"/> Parent volunteer
<input type="checkbox"/> Knitting	<input type="checkbox"/> Baseball
<input type="checkbox"/> Painting/Drawing	<input type="checkbox"/> Basketball
<input type="checkbox"/> Photography	<input type="checkbox"/> Boxing
<input type="checkbox"/> Poetry	<input type="checkbox"/> Soccer
<input type="checkbox"/> Sewing	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Family Game night	<input type="checkbox"/> Softball
<input type="checkbox"/> Family movie night	<input type="checkbox"/> Karate
<input type="checkbox"/> Chess	<input type="checkbox"/> Golf
<input type="checkbox"/> Dominoes	<input type="checkbox"/> Weight lifting
<input type="checkbox"/> Camping	<input type="checkbox"/> Swimming
<input type="checkbox"/> Cooking	<input type="checkbox"/> Flag Football
<input type="checkbox"/> Computer lab	<input type="checkbox"/> Tennis
<input type="checkbox"/> Exercise/fitness	<input type="checkbox"/> Racquetball
<input type="checkbox"/> Family field trips	