



SACC Program _____ **AM** _____ **PM** _____ **AM & PM** _____

2017 SACC PROGRAM FAMILY QUESTIONNAIRE

Please circle the answer that best fits:

- | | | | | |
|----|--|----------|-------|----------------|
| 1. | My child enjoys coming to SACC.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 2. | SACC offers a variety of activities.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 3. | While at SACC, my child is kept safe at all times.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 4. | SACC Staff always know where my child is.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 5. | SACC Staff are always engaged with the children.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 6. | My child has gained new skills and/or knowledge during SACC.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 7. | The SACC Staff maintains open communication with regards to my child.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 8. | The SACC Staff are friendly and greet me when I walk through the door.
Strongly Disagree | Disagree | Agree | Strongly Agree |
| 9. | I receive adequate information from the sites and office; i.e. calendars, etc.?
Strongly Disagree | Disagree | Agree | Strongly Agree |

Please complete the questions below:

1. What do you and your child like best about the SACC program? _____

2. What do you and your child like least about the SACC program? _____

3. What types of activities would you like to see offered at SACC? _____

4. Please comment on your interaction, if any, with the SACC Office? _____

5. Is there any other information you would like us to know? _____

You may contact me to discuss this survey:

Name _____ Cell _____ Email _____

Thank you for taking the time to complete this survey.