

Please help us improve our School's Out Program by taking this short survey. Thank you!!

1. What is your child(ren's) age?

5-7 \_\_\_\_\_

8-10 \_\_\_\_\_

10-12 \_\_\_\_\_

2. The Schools Out Program offered activities that my child(ren) enjoyed

(check one) Strongly Disagree \_\_\_\_\_ Disagree \_\_\_\_\_ Agree \_\_\_\_\_ Strongly Agree \_\_\_\_\_

Other \_\_\_\_\_

3. My child was well supervised and safe at the Schools Out Program at the Middle School

(check one) Strongly Disagree \_\_\_\_\_ Disagree \_\_\_\_\_ Agree \_\_\_\_\_ Strongly Agree \_\_\_\_\_

Other \_\_\_\_\_

4. The Staff was respectful to me and my child(ren)

(check one) Strongly Disagree \_\_\_\_\_ Disagree \_\_\_\_\_ Agree \_\_\_\_\_ Strongly Agree \_\_\_\_\_

Other \_\_\_\_\_

5. What did your child(ren) like best about the 2015 December Schools Out Program?

6. What did your child(ren) like least about the 2015 December Schools Out Program?

7. How would you rate your child(ren)'s overall experience at the 2015 December Schools Out Program?

(circle one)

Not Good (1) 2 3 4 5 6 7 8 9 (10) Wonderful

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

8. Do you have any additional comments, questions, suggestions or concerns?

9. How did you hear about our 2015 December Schools Out Program?

1. \_\_\_\_ A direct email from Barrington Recreation

2. \_\_\_\_ A forwarded email from a friend/relative who received an email from Barrington Recreation

3. \_\_\_\_ On the Town of Barrington's Recreation website

4. \_\_\_\_ From your child(ren)'s school

5. \_\_\_\_ Word of mouth

6. \_\_\_\_ Other (Describe) \_\_\_\_\_

10. Do you plan on sending your child(ren) to our 2016 February Schools Out Program at the Barrington Middle School?

\_\_\_\_ YES

\_\_\_\_ NO

Why or Why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_