



## NEEDS ASSESSMENT FOR PARENTS OF RETURNING STUDENTS (Elementary)

XYZ Community Learning Center School is dedicated to fostering student success, building strong families and vibrant communities. The information collected in this 5- minute survey will be used to help focus our efforts on what's important to you. Individual responses will be kept confidential. Thank you for your participation.

**1. What grade cycle is your child in this year?**

Cycle 1

Cycle 2

Cycle 3

**2. What extra-curricular activities or programs did your child participate in at school last year? (Check as many as apply).**

Sports Activities

Girl Guides of Canada

Cooking Classes

After School Homework Program

Gardening

Movie Night

My child did not participate in any extra-curricular activities last year.

**3. What inhibited your child from participating in extracurricular activities/programs? (Check as many as apply)**

Time of activity/program

Location of activity/program

Cost of activity/program

I wasn't aware of activity/program

Activity/program wasn't of interest

Other \_\_\_\_\_

**4. What programs or activities did you participate in at school last year? (Check as many as apply).**

Sports Activities

Language Courses

Cooking Classes

Gardening

Parenting videoconferences

I didn't participate in any programs/activities last year



**5. What inhibited you from participating in lifelong learning classes or extracurricular activities? (Check as many as apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Time of activity/class            | <input type="checkbox"/> Location of activity/class       |
| <input type="checkbox"/> Cost of activity/class            | <input type="checkbox"/> I wasn't aware of activity/class |
| <input type="checkbox"/> Activity/class wasn't of interest | <input type="checkbox"/> Other _____                      |

**6. What 3 areas of community development would you most like your Community Learning Center to focus on this year?**

- Health and wellness (e.g., nutrition, fitness)
- Academic Success (e.g., homework support)
- Lifelong Learning (e.g., language classes, cooking classes)
- Workshops for Parents (e.g., Cyber Safety, Anti-Bullying Strategies...etc.)
- Connecting Seniors and Youth (Intergenerational projects)
- Community Service (i.e., volunteerism)
- Other: \_\_\_\_\_

**7. What is the best time to host activities/programs open to the whole family?**

- |   |  |
|---|--|
| <input type="checkbox"/> After school (3:30PM)      | <input type="checkbox"/> In the evening (7:00PM) |
| <input type="checkbox"/> During the day on weekends | <input type="checkbox"/> Other: _____            |

**8. May we contact you with the latest information on extracurricular activities and learning opportunities for you and your child(ren)?**

- Yes, please. Please provide your email address: \_\_\_\_\_
- No, thank you.

**THANK YOU FOR YOUR PARTICIPATION.**

**RESULTS FROM THIS SURVEY WILL BE MADE AVAILABLE TO PARENTS IN [PUT IN DATE].**