



Kawarthas

**Parent and Participant Survey (HIGH FIVE Quality Insurance Survey)**

Thank you for taking the time to provide us with feedback about our programs. Please feel free to add any additional comments.

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Child(ren) Name: \_\_\_\_\_

Age of Child(ren): \_\_\_\_\_

**Our child(ren) participated in the following programs (check all that apply):**

- Before School     After School     Music Lessons     Homework Program     Evening Shuttle
- Dinner Program     Full Day Programs (PA Days, March Break, etc.)     Dances
- Kids in Motion childcare-Lindsay     Childcare Dr. George Hall childcare- Little Britain

Other: \_\_\_\_\_

Program Location: \_\_\_\_\_

**Programs**

**Do the leaders show warmth, interest, respect, involvement, positive leadership, and an individualized approach?**

- Always             Most of the time     Some of the time     Occasionally         Never

Comments: \_\_\_\_\_

**Are the leaders aware of the children; paying attention to safety concerns and adjusting supervision for ages and activities?**

- Always             Most of the time     Some of the time     Occasionally         Never

Comments: \_\_\_\_\_

**Do the leaders focus attention on children and not one another?**

- Always             Most of the time     Some of the time     Occasionally         Never

Comments: \_\_\_\_\_

**The leader uses appropriate language and behaviour, and works as a team?**

- Always       Most of the time     Some of the time     Occasionally     Never

Comments: \_\_\_\_\_

\_\_\_\_\_

**Activities appear to match interests and needs of children while offering choice, variety and balance?**

- Always       Most of the time     Some of the time     Occasionally     Never

Comments: \_\_\_\_\_

\_\_\_\_\_

**What activities does your child (ren) enjoy most?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What activities does your child (ren) enjoy least?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Since participating in Club programs, my child has: (please check all that apply)**

- Increased level of physical activity     Increased social skills                       Increased Self Confidence  
 Made new friends                               Other: \_\_\_\_\_

**Are you satisfied with the nutritious snack offered?** \_\_\_\_\_

\_\_\_\_\_

**Does the staff communicate with you about your child?** \_\_\_\_\_

\_\_\_\_\_

**Facility**

**How do you find cleanliness and organization of the facility and program rooms?**

- Excellent       Good                       Satisfactory       Inadequate

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the quality of the program rooms?**

- Excellent       Good       Satisfactory       Inadequate

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Registration**

**Do you feel welcomed when you arrive?**

- Excellent       Good       Satisfactory       Inadequate

Comments: \_\_\_\_\_  
\_\_\_\_\_

**How do you find the registration process?**

- Excellent       Good       Satisfactory       Inadequate

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Additional Feedback:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check if the above information **cannot** be used for marketing and media purposes by the Boys & Girls Clubs of Kawartha Lakes

