

# *Illinois After School Initiative*

Center for Prevention Research and Development

## **Instructions**

Thank you for visiting the Illinois After School Initiative Web-based survey. As you already know, the Illinois After School Initiative Task Force is attempting to assess the current state of after school programming in Illinois by surveying every after school program in Illinois. The information gathered will be shared with legislators to help inform them about the current status of after school programming in Illinois. Ultimately, it is hoped that this information will also be used to assist communities in identifying local after school needs and resources.

While your participation in this effort is completely voluntary and you may refuse to participate altogether or at any time during the survey, accurate information regarding after school programs across the state is critical to developing a plan for ensuring after school services are available for every school-age child in Illinois.

The Project Director or other program staff with extensive knowledge of the program should complete the survey. Completing the survey will take about 30 minutes. Some of the information we are asking you to provide about your program is quite detailed, so we strongly recommend that you begin by printing out a hard copy of the survey. Then you can review the questions and collect the necessary information by consulting your files, your colleagues, and other sources.

The questions on this survey are divided into 3 sections. The first section asks for agency and contact information. The second section includes more general questions about your overall program. The questions in this section are completed only once. The third section focuses on specific program sites, and these questions are to be answered separately for each program site. If your program has only one program site, then all sections are completed only once. If you have any questions about what we mean by "program" and "program site", please contact Erica Thompson at CPRD (888-333-5612) before beginning the survey.

For questions regarding the overall study, the survey specifically or if you do not have Internet access and would like to complete a survey, please call Angela Adan Farnham (888-333-5612). You may also contact the UIUC IRB Office (217-333-2670) with your questions about research participants' rights.

If you experience any technical difficulties while completing this survey, please contact Kay Mulhall by Email at [kemulhal@uiuc.edu](mailto:kemulhal@uiuc.edu). Please note that required fields in the survey appear in bold print.

If you need the password, please send a request by [Email](#) or call 888-333-5612.

## Section 1. Administrative Agency Contact Information

|  |  |                  |          |
|--|--|------------------|----------|
| 1. <b>Name of agency</b> administering program |  |                  |          |
| 2. Agency Type                                 |  |                  |          |
| 3. Agency Web Site Address (URL)               |  |                  |          |
| 4. Your contact information                    |  |                  |          |
| <b>First Name</b>                              |  | <b>Last Name</b> |          |
| Title  |  | Email            |          |
| <b>Phone Number/EXT.</b>                       |  | FAX Number       |          |
| Address 1                                      |  | Address 2        |          |
| City   |  | <b>IL</b>        | Zip Code |

## Section 2. About Your Overall Program

### Basic Program Information

|                                   |       |  |      |            |
|-----------------------------------|-------|--|------|------------|
| 1. <b>Program Name</b>            |       |  |      |            |
| 2. Start date of program          | Month |  | Year | (ex. 2002) |
| 3. <b>Number of program sites</b> |       |  |      |            |

4. Do you receive funding from the following sources? Yes or No.

|   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| U.S. Dept of Education (for example, 21st CCLC)           |            |           |
| Illinois Dept of Human Services (for example, Teen Reach) |            |           |
| Local funding sources                                     |            |           |
| U.S. Dept of Housing and Urban Development                |            |           |
| Illinois Center for Violence Prevention                   |            |           |

|  |  |  |  |
|--|--|--|--|
| Private Foundation(s)                                      |  |  |  |
| U.S. Office of Juvenile Justice and Delinquency Prevention |  |  |  |
| Illinois Department of Children and Family Services        |  |  |  |
| Fees   |  |  |  |
| Community Development Block Grant                          |  |  |  |
| Other (specify)  |  |  |  |

### Program Goals & Expected Outcomes

5. Please indicate to what extent each of the following areas are a focus of your program:

4=major focus 3=moderate focus 2=minor focus 1=not a focus

|                                  |  |   |  |                    |  |
|----------------------------------|--|---|--|--------------------|--|
| Academic Enrichment/ enhancement |  | Youth development/ life skills            |  | Sports/ recreation |  |
| Health/fitness                   |  | Child care/provision of adult supervision |  | Arts               |  |
| Spiritual /religious development |  | Other (specify)                           |  |                    |  |

6. Are the following components of your program? Yes or No.

|  | YES | NO |
|--|-----|----|
| Academic enrichment  |     |    |
| Science/Math Special Initiative (special programs encouraging minority youth and females to explore the sciences and math) |     |    |
| Homework assistance  |     |    |
| Tutoring   |     |    |
| Teen pregnancy prevention/family life education  |     |    |
| Alcohol, tobacco and other drug abuse prevention   |     |    |
| Sports / Recreation  |     |    |
| Drama/arts /theater /music/dance   |     |    |

|   |  |  |
|---|--|--|
| Technology /video /media                                |  |  |
| Community Service                                       |  |  |
| Cultural Enrichment                                     |  |  |
| Parent Involvement                                      |  |  |
| Mental wellness /counseling                             |  |  |
| Mentoring (Adult or Peer)                               |  |  |
| Religious education                                     |  |  |
| Life skills (i.e. problem solving, making good choices) |  |  |
| Violence prevention                                     |  |  |
| Health/Nutrition Education                              |  |  |
| Home visiting   |  |  |
| Linkage with other community resources                  |  |  |
| Education to Career                                     |  |  |
| College Preparation                                     |  |  |
| Other (specify)   |  |  |

|                                  | YES | NO |
|----------------------------------|-----|----|
| 7. Is transportation provided?   |     |    |
| 8. Are meals or snacks provided? |     |    |

9. Are the following expected outcomes for your program. Yes or No.

|   | YES | NO |
|---|-----|----|
| Increased academic achievement among participants |     |    |
| Increased school attendance among participants    |     |    |

|   |  |  |
|---|--|--|
| Reduction in harmful risk taking behaviors among participants (e.g., substance use, violence) |  |  |
| Improved positive social skills among participants  |  |  |
| Increase in positive peer relationships   |  |  |
| Increased graduation rates among participants   |  |  |
| Improved relationships between youth and adults   |  |  |
| Increase in positive attitude towards school among youth                                      |  |  |
| Improved career skills among participants (e.g. teamwork, technology skills)                  |  |  |
| Increase in positive future aspirations among youth   |  |  |
| Enhanced spiritual development  |  |  |
| Other (specify)   |  |  |

10. What types of information have you gathered which support the effectiveness of your program? Check all that apply.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| We have not gathered information to document program effectiveness.                                 |  | Program attendance of individual participants  |  | Program satisfaction questionnaires  |  |
|   |  |  |  | Student grades   |  |
| School attendance   |  | Truancy data   |  | Discipline/behavior incidents  |  |
| Overall program participation rates   |  | Teacher reports  |  | High school graduation data  |  |
| Youth surveys assessing outcomes (e.g. changes in feelings about school, sense of future, drug use) |  | Information on what happens to participants after high school (college/career placement) |  | Skills tests (to assess participants' level of skill in a particular area targeted by the program) |  |
| Other (specify)   |  |  |  |  |  |

### Program Structure

11. Please **select the one sentence** that best describes your program. We recognize that elements of two or more of the following descriptions may match your program. But we ask that you select

only one—the one that most closely matches your program. The comments box that follows allows you to provide additional details about your program’s overall structure.

|                  |   |
|------------------|---|
|                  | The program generally follows a specific schedule that includes multiple activities and that all participants attend.   |
|                  | All participants participate in an academic enrichment activity, but can also select from a variety of activities based upon individual interest and need.                                      |
|                  | Participants select one or more activities in which to be involved based on their interest and/or need. There are no required program elements in which all participants must participate.      |
|                  | The program focuses on a particular area or topic (e.g. art, career awareness). Supplementary activities are available to participants, but the core program is centered on a particular theme. |
| <b>Comments:</b> |   |

12. What types of enrollment procedures/requirements are part of your program?

|   | YES | NO |
|---|-----|----|
| Is there an Income requirement for participation?   |     |    |
| Does all or the vast majority of your program participants attend on a voluntary basis (based on youth/parent interest and/or need)?  |     |    |
| Is there a membership requirement (e.g. must belong to the church to attend the church bases after school program) for participation?                                       |     |    |
| Is there a formal enrollment process in place?  |     |    |
| Does all or the vast majority of your program participants attend on a mandatory basis (participation is required based on poor academic performance or behavioral issues)? |     |    |
| Other (specify)   |     |    |

13. Which of the following types of records are maintained by your program?

|   | YES | NO |
|---|-----|----|
| Referral forms                                  |     |    |
| Enrollment forms                                |     |    |
| Participant rosters                             |     |    |
| Written program activity schedules/lesson plans |     |    |
| Meeting minutes from staff/program meetings     |     |    |

|  |  |  |
|--|--|--|
| Daily program attendance                           |  |  |
| Documentation of services received by participants |  |  |
| Other (specify)                                    |  |  |

| <b>Choose only one</b> answer per question  | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 14. Are there any program attendance requirements (e.g., must attend a minimum number of days)?<br>If yes, please describe briefly below. |            |           |
|   |            |           |
| 15. Can youth "drop in" at program sites?   |            |           |
| 16. Does the program have a waiting list? If yes, how many youth are currently on the list (total across all program sites)? Enter below. |            |           |
|   |            |           |
| 17. Does the program have an advisory board/collaborative group?  |            |           |

### Program Staffing

18. Are the following required or preferred for staff working directly with youth at your program?

|   | <b>Preferred</b> | <b>Required</b> | <b>Neither</b> |
|---|------------------|-----------------|----------------|
| Holding a teaching credential/certificate       |                  |                 |                |
| High School Diploma/G.E.D.                      |                  |                 |                |
| Associates degree                               |                  |                 |                |
| Bachelors degree                                |                  |                 |                |
| Masters degree                                  |                  |                 |                |
| Neighborhood resident                           |                  |                 |                |
| Reflect ethnicity of children served            |                  |                 |                |
| Prior experience working with children or youth |                  |                 |                |

|                 |  |  |  |  |
|-----------------|--|--|--|--|
| Other (specify) |  |  |  |  |
|-----------------|--|--|--|--|

**Section 3. About Your Program Site**

Basic Site Information

|                            |      |
|----------------------------|------|
| 1. <b>Site Name</b>        |      |
| 2. Address 1               |      |
| Address 2                  |      |
| <b>City</b> , ST, Zip Code | , IL |

3. Type of facility in which the program is delivered at this site. **Select only one** choice.

|                              |  |            |  |          |  |                     |  |
|------------------------------|--|------------|--|----------|--|---------------------|--|
| Community Based Organization |  | School     |  | Church   |  | Boys and Girls Club |  |
| Park District                |  | YMCA/ YWCA |  | Business |  | Other (specify)     |  |

|   |  |
|---|--|
| 4. Average daily program attendance in 2000-2001 school year at this site |  |
| 5. Total number of youth participants served in 2000-2001 at this site    |  |
| 6. Current number of youth enrolled in the program                        |  |
| 7. Current number of program staff at this program site                   |  |

Program Hours

8. Specify the amount in hours that you operate for each category per day. (Example: 4.5 hrs)

|             | <b>Before School</b> | <b>After school/ Evenings</b> | <b>Summer</b> |
|-------------|----------------------|-------------------------------|---------------|
| <b>Mon</b>  | hrs                  | hrs                           | hrs           |
| <b>Tues</b> | hrs                  | hrs                           | hrs           |
| <b>Wed</b>  | hrs                  | hrs                           | hrs           |
| <b>Thu</b>  | hrs                  | hrs                           | hrs           |
| <b>Fri</b>  | hrs                  | hrs                           | hrs           |
| <b>Sat</b>  | hrs                  | hrs                           | hrs           |
| <b>Sun</b>  | hrs                  | hrs                           | hrs           |

|  | YES | NO |
|--|-----|----|
| Is your program open during holidays (non-school attendance days such as President's Day)? |     |    |

9. Duration of program cycle. Select **only one** choice.

|            |  |                   |  |  |  |
|------------|--|-------------------|--|--|--|
| Year round |  | School year       |  | Less than full school year, more than 12 weeks |  |
| 6-12 weeks |  | Less than 6 weeks |  | Other (Specify)                                |  |

### About the Program Participants

10. Population served. Please use whole numbers.

|         |  |                             |  |                   |  |
|---------|--|-----------------------------|--|-------------------|--|
| % White |  | % Black or African American |  | % Other (Specify) |  |
| % Asian |  | % Hispanic or Latino        |  |                   |  |

11. Ages served. Check all that apply.

|                   |  |              |  |              |  |                   |  |
|-------------------|--|--------------|--|--------------|--|-------------------|--|
| Under 5 years old |  | 5 year olds  |  | 6 year olds  |  | 7 year olds       |  |
| 8 year olds       |  | 9 year olds  |  | 10 year olds |  | 11 year olds      |  |
| 12 year olds      |  | 13 year olds |  | 14 year olds |  | 15 year olds      |  |
| 16 year olds      |  | 17 year olds |  | 18 year olds |  | Over 18 years old |  |

12. Does your program serve special populations? Check all that apply.

|  | YES | NO |
|--|-----|----|
| Academically at-risk   |     |    |
| Foster children  |     |    |
| Special needs (e.g. physical disability, hearing impairment, asthma) |     |    |
| Special Education  |     |    |
| Specific Ethnic Group  |     |    |

|                             |  |  |
|-----------------------------|--|--|
| Gifted and Talented         |  |  |
| Limited English Proficiency |  |  |
| Homeless                    |  |  |
| Dropouts                    |  |  |
| Other (specify)             |  |  |

13. Where did you hear about this effort to collect information from after school programs? Check all that apply.

|                                       |  |   |  |   |  |
|---------------------------------------|--|---|--|---|--|
| Email, Mass Email, Discussion Board   |  | School principal, school district, regional office of education |  | Local health department                   |  |
| InTouch Network                       |  | Boys & Girls Club   |  | Parks & Recreation                        |  |
| Illinois Department of Human Services |  | Teen REACH  |  | Project Success                           |  |
| YMCA/YWCA                             |  | Illinois School Aged Child Care Network                         |  | CPRD staff                                |  |
| Tutor/Mentor Connection               |  | MOST Initiative   |  | Day Care Action Council                   |  |
| Prevention First                      |  | United Way  |  | Chicago Dept of Human Services/ Youth Net |  |
| Another after school program          |  | Other (specify)   |  |   |  |

14. Please enter any additional comments you have about your program or survey below.