

Give Every Child A Chance (GECAC)
Parent Survey

Dear Parent...we need your help! As a way to learn more about the experience of your child we are very much hoping that you'll take a few minutes to fill out this survey. Thanks for your time!

1. How did you learn about the GECAC program? (Mark one only)

Newspaper A Tutor Church School Family Member/Friend Other: _____

Please indicate the extent to which you agree or disagree with the following:

| 2. As a result of being tutored at GECAC, my child... | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Has improved grades. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can now work independently more often. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has improved attendance at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shows more confidence / leadership / citizenship / self-esteem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a better understanding of his/her school work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 3. As a parent I felt... | Strongly Agree | Agree | No Opinion | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Program sites were conveniently located. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GECAC provided a safe and productive learning environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GECAC enhanced my child's communication skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child's attitude changed for the positive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The program/tutor had a positive impact on my child's personal life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tutoring has had a positive impact on my child's academic success. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child enjoyed the tutoring experience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. How would you rate your experience with GECAC from 1 to 10 (10 being the highest possible)? _____

5. Would you recommend tutoring at GECAC to others? Yes No Don't know

6. Please list any suggestions that will help improve our program: _____

Students' Name (Optional): _____ Age: _____ Grade: _____ School: _____

Return to:
Give Every Child A Chance
322 Sun West Place / Manteca, CA 95337
Fax: 209.823.6255 / email: janderson@gecac.net

Thanks again for your efforts!