**THE CHILDREN’S TRUST**

**Satisfaction Survey Guidelines**

**Collecting Feedback**

* Collect satisfaction feedback from your program’s primary participants, which may be parents, children/youth, others, or a combination of these groups. Focus on those participating in your program’s primary activity(ies).
* Attempt to obtain feedback from all participants receiving your primary services (i.e., by incorporating as part of post-testing or program close-out). However, if the number of participants in a particular site or group is greater than 500, random sampling of participants would be appropriate.
* If your program runs in cohorts lasting less than a full year, collect feedback at the end of each group, cycle or activity. If the program is ongoing across the full year, collect information near the end of the year, or when participants reach “program completion” as you define it. All participants should be given at least one chance to provide input during the year.
* We expect to see results from at least 75% of participants who are directly served. If your program directly serves only the children/youth, but you are also surveying their parents (for example in after-school or summer programs),we expect to see results from at least 50% of participants’ parents.
* Information can be collected on paper forms or in an online survey tool, depending on what works best for your program. Surveys should be anonymous and not kept within participant files. Results should be reviewed and tallied for all responses. SurveyMonkey.com is a free online survey tool.

**Survey Items**

* Ideal length is no longer than 10-15 questions, with items related both to program quality (how well did we do it?) and to participant benefits (is anyone better off?). The Children’s Trust requires a minimum of 4 questions, except in OOS where we have established forms with more items specific to the initiative.
* Items can be statements with standard rating scale or open-ended. The Children’s Trust requires two standard rating items for all programs (see table below for wording depending on whether respondents are children or adults) and two open-ended questions (exact wording is at discretion of program).

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| **Required satisfaction survey items:** | **Parent/Adult Version** | **Child/Youth Version** |
| **Program Quality** | I would recommend this program to others | I would tell my friends to come here |
| **Program Benefit** | This program has helped me (or my child/ family) | This program has helped me |

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| **Open-ended item options (choose 2):** | **Parent/Adult Version** | **Child/Youth Version** |
| **Program Quality** | What do you like best about the program?  What do you wish you could change about the program? | What do you like best about the program?  What do you wish you could change about the program? |
| **Program Benefit** | How has the program helped you, your child or family? | How did the program help you?  What did the program help you with? |

* We require a 4-point response scale that includes: Strongly Agree, Agree, Disagree, Strongly Disagree (for the purposes of allowing comparability of results). If providers have a pre-existing agency-wide survey with a different response scale that cannot be changed, we can discuss options for converting results to make them comparable. The two required items and two open-ended items must be included.
* Providers have the option to include additional items that are more specifically related to their program activities, efforts and expected benefits. Example items are offered as a resource at the end of this document. Try to include items that will provide action-oriented ways you could improve your program. Be sensitive to the reading level, age and developmental level of your expected respondents.

**Reporting Results**

* The total number of responses that Strongly Agree, Agree, Disagree and Strongly Disagree with each of the two required rating items will be submitted in the final quarterly report (format will be provided).
* Responses to the two open-ended questions will be summarized in the final quarterly report narrative.
* Results should be reviewed and used internally by providers for the purposes of ongoing program quality improvement, not simply collected for the purposes of reporting to a funder.

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| **SAMPLE SURVEY ITEMS (for optional consideration)** Blue text notes required OOS items | | |
| **Parent/Adult version** | | **School-Age Child/Youth version** |
| **Program Quality Items (how well did we do it?)** | Staff in this program treat me with respect | Staff in this program treat me with respect |
| Staff in this program treat me fairly  Staff treat my child fairly | Adults here treat me fairly |
| Staff get children excited about program activities | Adults here make the program exciting  Staff are friendly and easy to talk to |
| My child likes (or I like) coming to this program | I like coming here |
| I help to choose my program goals | I help to choose my program activities |
| Staff keep me informed of program activities | Staff answer my questions about the program |
| Staff keep me informed of my child’s progress | Staff tell me how I am doing in the program |
| I feel welcome by staff | I feel welcome by staff |
| Staff give me the chance to share my ideas | Staff give me the chance to share my ideas |
| Staff respond appropriately to my child’s individual culture, language or special needs | Staff is sensitive to my cultural/ethnic background  Staff speak in a way I can understand |
| I am satisfied with the services I have (or my family has) received from this program | I am satisfied with this program |
| **Program Benefit Items (Is anyone better off?)** | This program helps me (or my child/family) with my concerns (or needs)  I am better able to cope when things go wrong  My child’s behavior improved since joining this program | I can handle things better when they go wrong  I feel I have someone to talk to about my problems This program helps me improve my behavior  This program helps me stay out of trouble |
| I receive services that are right for me | I get what I need from this program |
| This program helps me understand how my child learns and grows  This program shows me skills that help me parent my child  This program gives me a chance to practice what I learn with my own child or another parent in class  This program helps me meet and make friends with other parents  This program helps my child to be ready to succeed when entering kindergarten. | N/A |
| My child is well-supervised and safe while attending this program | I feel safe here |
| This program helps my child do better in school | This program helps me do better in school |
| This program helps my child stay physically active and healthy | This program helps me stay active and healthy |
| This program helps my child get along better with other children | This program helps me get along with other kids  I get along better with friends and other people |
| Having this program has:   * made it possible for me to hold a job or pursue work outside the home * helped me to miss work less often * made it more affordable for my child(ren) to take part in quality out-of-school activities * reduced my overall stress level knowing my child(ren) are being kept busy and out of trouble * let multiple children in our family attend the same program together * given my child(ren) opportunities they don’t get in school * offered my child(ren) homework help that I can’t provide them myself at home | |