



PARENT/GUARDIAN SURVEY

As a parent, grandparent, or guardian of a student in the Hoop of Learning program, the team would appreciate your help to make our programs and services better. Please take a few minutes to respond to this short survey. Results of the survey will be used to improve our service to parents. Please note that these questions are related to services that the Hoop of Learning provides to parents and students. Your input is greatly appreciated!

Hoop of Learning Site: _____

Tribal affiliation: Mother _____ Father _____

How many semesters was your child enrolled in Hoops of Learning program _____

How did you learn about the Hoop or Learning program: _____

PROGRAM EVALUATION (PLEASE BUBBLE IN THE CIRCLE ACCORDING TO THE RATING SCALE PROVIDED).

1 Very Poor/strongly Disagree **2** Poor/Disagree **3** Average/Neutral **4** Good/Agree **5** Excellent/Strongly Agree

PROGRAM STAFF

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- Staff willing to spend time with me when requested
- Staff took time to understand my child's academic goals
- Staff supported my child throughout program
- Staff provided my child with career guidance while in the program
- Staff is professional and courteous

PARENT/COMMUNITY INVOLVEMENT

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Explanation of program to me as a parent
- Quality of opportunities for parent involvement through service provided

HOLISTIC APPROACH

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- The indigenous Hoops Education model is appropriate in this modern world
- Cultural standards and values are practiced by staff

ACADEMIC SUCCESS

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- To what degree is this program helping your child reach their academic goals
- Was provided opportunity for input on child's strengths (relating to education)
- Comfortable with curriculum (classes offered) by the campus your child attended
- Meets the individual academic needs of my child
- Prepares my child for his/her next phase of schooling (high school or college)

OVERALL I WOULD RATE THE PROGRAM WITH THE FOLLOWING RATING

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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COMMENTS:

Please provide any additional comments in the box below:

Campus: _____
Semester: _____ Year: _____