***THE LEWISTON-PORTER DRAMATIC ARTS PROGRAM***

Thursday, October 27th, 2016

Dear Parents/Guardians,

As the end of this year’s fall production draws to a close, I would like to take a moment to ask that you complete the attached survey on your overall experience with the Lewiston-Porter Dramatic Arts Program. By completing this survey, you will not only provide our program with valuable input for the next production(s) to come; but also I will be incorporating this data into my senior thesis research project at Niagara University. The topic of my research project is *“The Role Theatre Plays in Adolescent Education: Arts Ed. & Positive Youth Development.”*As a graduating senior in the N.U. College of Education with a dual major in TESOL & Childhood Education (Grades Pre-K-12) and a minor in Theatre Performance; it is my aspiration to go on to achieving my M.A. in Theatre Education.

Your participation in this survey will not only help me in this undergraduate research endeavor, but help the overall quality of our drama program’s services for years to come. I hope that this fall production has been a valuable experience for you & your child in theatre education! Please feel free to contact me with any questions. Thank you for your participation!

Sincerely,

*Miss Jacey Diez*

Director for the Dramatic Arts Program at Lewiston-Porter CSD

Niagara University Class of 2017

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please sign/detach)

***THE NIAGARA UNIVERSITY COLLEGE OF EDUCATION***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my full permission to have my Lew-Port Drama Program survey responses used as a means of data collection in Miss Diez’s senior thesis research project at Niagara University. My responses to the survey will be used for qualitative research purposes only, and my last name will not be used, as to protect my confidentiality.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**DRAMA STUDENT PHOTO RELEASE:**

I give my full permission to have my child’s photos be used for the Dramatic Arts Program’s school website, and for promotional materials like brochures/advertisements to promote this program.

**\_\_\_YES \_\_\_NO**

**SURVEY THREE: AFTER SCHOOL DRAMA PROGRAM**

**PARENT SATISFACTION SURVEY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRAMA CLUB SURVEY:**  **Parent/Guardian Directions:** Please *circle* the word(s) that best describes your response. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. Staff treat my child fairly. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 2. Staff get children excited about program activities. *(i.e.: through social media, Remind101 App, word of mouth, school announcements, etc.)* | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 3. My child is well-supervised and safe when attending this program. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 4. This program helps my child to do better in school. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 5. This program helps my child stay active and engaged after school.. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 6. This program helps my child get along with other students. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 7. My child likes coming to this program. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 8. I would recommend this program to others. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 9. Staff keep me informed of program activities. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 10. Staff give me the chance to share my ideas, and volunteer my time. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 11. Staff respond appropriately to my child’s individual culture, language, or specialized learning needs and abilities. | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 12. Having this program available has: (check all that apply):   * Made it affordable and easy for my child(ren) to take part in quality after 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 that they don’t get in school. * Offered my child(ren) theatre skills and feedback that I cannot provide them with myself. | | | | |
| 13. What do you like **best** about the program, and why? | ***Answer:*** | | | |
| 14. What do you wish you could **change** about the program? Suggestions for growth? | ***Answer:*** | | | |