**ASPIRE PARENT POST-SURVEY**

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#### 1. Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### 2. Your Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 3. HOME SCHOOL DISTRICT: (Circle one) Chatham OR Effingham

**HOME SCHOOL: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      **GRADE: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*4. Were you involved in ASPIRE activities at home with your son/daughter?**

Most of the time

Some of the time

Not at all

**\*5. Do you believe that your son/daughter learned something meaningful from participating in ASPIRE?**

Most of the time

Some of the time

Not at all

**\*6. Did you learn anything about your son/daughter that you were not aware of prior to participating in ASPIRE?**

Yes

No

Not sure

**\*7. Do you feel more confident about your son/daughter's future as a result of their participation in ASPIRE?**

Yes

No

Not sure

**8. Is there anything that you would like to add about the ASPIRE experience?**