

After School - that meets county's needs

Positive Use of Leisure Time

Region: East Circle which primary base program it addresses- 4-H

Section 1. Relevance

Where did this issue surface?

Texas Community Futures Forum
County Committees
Commodity / Industry / Special Interest Groups
Specialist(s)
Other: **Specialist**

What is the issue/problem?

Youth do not have access to organized activities due to limited financial resources.

Problem size and scope? (How many people does it affect? How wide spread?)

Problem severity? (How serious is this issue?) **HIGH**

Description: Getting youth involved in youth programs

Target Audience? (Who does the problem impact and how many?)

School age youth

What are some general characteristics of the audience this program targets? How will you market this program to others?

Extension has many internal issues / dealing with the youth issues- drugs, sex, etc.

Section 2. Response

State the goal of the program.

No goal at this time.

State the outcome objectives.

Client Change	At the end of this program, will....
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<i>Knowledge</i>	increase knowledge on....	Agent: package delivery program Youth: What 4-H is...
<i>Skills</i>	develop skills....	Agent: how to deliver programs Youth: good decision making
<i>Attitude</i>	change their attitudes pertaining to...	Volunteers: parents attitude toward outreach
<i>Behavior Change</i>	adopt....	Agent: 4-H after school model Youth: productive use of free time
<i>New Technology</i>	adopt....	Agent: interactive DVD, CDV websites *New program presentation styles (ex.: buzzers, computer, CD)
<i>Best Practice</i>	adopt	Agent: Train the trainer

Program Design.

Topic (Subject Matter)	Strategy to Deliver Content (Method)	Existing Resource(s)	Contact Person(s) (Includes CEA's Specialists, Commodity Reps)
After School 4-H Curriculum			Cheryl Newberry, Kalico Leech

Section 3. Results

Client Change Level	Sample Questions (Review the objectives section to help place questions or statements in the space below)
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<i>Knowledge</i>	<ul style="list-style-type: none"> > Does the after school program meet the needs of the youth of the county? > Has the program increased 4-H awareness and club membership? > Did we market the quality programs that Extension offers?
<i>Skills</i>	<ul style="list-style-type: none"> > Have youth involved increased skills regarding the after school subject matter? > Has their ability increased?
<i>Attitude</i>	<ul style="list-style-type: none"> > Will they try new practices? > Has their attitude changed?
<i>Behavior Change</i>	<ul style="list-style-type: none"> > Was there any measurable change concerning drug abuse, morals, character, or whatever the subject matter? > Did membership or participation of members increase?
<i>New Technology</i>	<ul style="list-style-type: none"> > Was any technology discussed, adopted, etc.?
<i>Best Practice</i>	<ul style="list-style-type: none"> > Evaluations: <ul style="list-style-type: none"> - Pre and Post Test - Youth focus groups of those observing program - How many awards do we win for our programming?

Parent Survey for Youth in After School Program

We would like your thoughts concerning the impact this program has had on your child. Please take a minute to answer the questions below.

For each of the behavior change statements listed below, circle ONE number in the left column that best describes your child BEFORE the after school program; and circle the ONE number in the right column that best describes your child AFTER the after school program (This is the shaded section).

BEFORE

AFTER

BEHAVIOR CHANGE STATEMENTS	BEFORE					AFTER				
	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
My child is brave about trying new things.	1	2	3	4	5	1	2	3	4	5
My child has a good ability to make friends.	1	2	3	4	5	1	2	3	4	5
My child has confidence in him/herself.	1	2	3	4	5	1	2	3	4	5
My child is honest with me.	1	2	3	4	5	1	2	3	4	5
My child talks about future plans concerning school.	1	2	3	4	5	1	2	3	4	5
My child communicates within the family.	1	2	3	4	5	1	2	3	4	5
My child demonstrates an ability to get along in the family.	1	2	3	4	5	1	2	3	4	5
My child has good school performance.	1	2	3	4	5	1	2	3	4	5
My child completes homework assignments.	1	2	3	4	5	1	2	3	4	5
My child is responsible for his/her actions.	1	2	3	4	5	1	2	3	4	5
My child acts before thinking.	1	2	3	4	5	1	2	3	4	5
My child shows greater problem solving skills.	1	2	3	4	5	1	2	3	4	5
My child shows greater conflict resolution skills.	1	2	3	4	5	1	2	3	4	5
My child seems to like him/herself.	1	2	3	4	5	1	2	3	4	5

Please answer the following short answer questions.

2. Please list at least one thing that your child has learned in the after school program that they have returned home and implemented in their daily lives.

4. Are there any topics you would like to see covered in the program that are not currently a part of the curriculum?

Respondents Personal Information (optional):

Marital Status:

- Single
- Married
- Divorced

Ethnicity:

- American Indian
- Asian
- Black
- Hispanic
- White
- Other

Age:

- 20-29
- 30-39
- 40-49
- 50-59
- Over 60

Gender:

- Female
- Male

Youth Survey – Group Interviews (Focus Groups)

Because this is such a young group, it is best not to administer this sheet to a participant. Instead, it may be more effective to read each question out loud and document the responses on this sheet (one sheet per group). Please read each question to the youth group and tally their responses.

1. What is the age breakdown of the youth participants?

_____ under 4 years old

_____ 5 years old

_____ 6 years old

_____ 7 years old

_____ 8 years old

_____ 9 years old or older

2. How many: _____ Boys _____ Girls

4. How do you feel about the School-age Child Care Program? Choose one answer.

Total - _____ I really like it.

Total - _____ I like it most of the time.

Total - _____ I dislike it.

5. Do you enjoy the program?

Total - _____ A lot

Total - _____ Some

Total - _____ Not very much

6. Would you like to be in the program during the next school year?

Total - _____ Yes
Total - _____ No
Total - _____ Don't know

7. If you could change anything about the program, what would it be?

8. What is your favorite activity at the school-age child care program?

9. What is one thing you learned that means the most to you?

10. What programs do you wish we would do?

11. If there is anything else you would like us to know, please write about it here.