

THE LAKE COUNTY

# After School Coalition

[www.lakecountyafterschoolcoalition.org](http://www.lakecountyafterschoolcoalition.org)

## Countywide Agency Survey

Name of Organization:

Address:

Phone number/Fax:

Contact Person:

Contact Person's Email Address:

Web site:

Do you provide after school(or out of school) programming? (yes/no)

Programs offered:

Areas served:

Do you use volunteers? (yes/no)

Maximum number of participants:

Do you have a waiting list? (yes/no)

Ages/Grades served:

Requirements for eligibility:

Hours/Days:

Are snacks provided? (yes/no)

Cost:

Financial Assistance Available: (yes/no and type of assistance)

Transportation Available: (yes/no)

If you are not currently providing after school programs, are you interested in developing one? (yes/no)

Do you want to be listed in the After School Resource Guide? (yes/no)

Is your agency a member of any coalition(s)? (yes/no)

If so, name, website, phone # and purpose/activities  
of the coalition(s):

**Please indicate below if you provide programming for any of the following areas. If so, please specify program name, information and what grades are served (1-5, 6-8, 9-12). Use extra space if needed:**

\_\_\_\_\_ Special Needs: \_\_\_\_\_

\_\_\_\_\_ Days off School (School holidays/vacations): \_\_\_\_\_

\_\_\_\_\_ Programs for Target Populations:

Gang prevention \_\_\_\_\_ Drug prevention \_\_\_\_\_

Academic support \_\_\_\_\_ Athletics \_\_\_\_\_

Recreational activities \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Family Counseling \_\_\_\_\_ Family Support \_\_\_\_\_

\_\_\_\_\_ Bilingual Programming - specify languages \_\_\_\_\_

\_\_\_\_\_ Programs in one language only - specify language \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Involvement:

Education \_\_\_\_\_ Support \_\_\_\_\_

Counseling \_\_\_\_\_ Other Programs \_\_\_\_\_

\_\_\_\_\_ Before & After School Care \_\_\_\_\_

\_\_\_\_\_ Summer Programs \_\_\_\_\_

Other: \_\_\_\_\_