



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: _____

Please mail or fax this survey by February 15, 2005 to:

Wallace Brandies
Nicasa
31979 N. Fish Lake Rd.
Round Lake, IL 60073
Fax: 847/546-6760

This survey will also be available online in pdf format to print and share with others.

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