**Family Fun Time Activity Assessment**

Your participation in this survey is voluntary and anonymous. You may skip any question you wish. You may end your participation at any time. This survey should take less than 10 minutes to complete and will help students at Longwood University examine how well at-home activities worked. This survey should not cause any harm to participants. Results will be available by contacting Dr. Pederson at pedersonjg@longwood.edu. Questions can also be directed to Dr. Pederson.

Do you give consent to participate in this study? (Please circle one option for all questions unless otherwise instructed)

* 1. Yes
  2. No

**Activity 1: Dino Buddie Activity**

The following questions are related to the Dino Buddie Activity.

Did your family complete this activity?

1. Yes
2. Started, but did not complete
3. No (please skip to activity 2)

Was your child successful in using scissors by themselves?

1. Yes, on their own
2. Yes, with help
3. No

How much time did you spend on the project?

1. Less than or equal to 10 minutes
2. 11-20 minutes
3. 21-30 minutes
4. More than 30 minutes

Answer the following questions using a 0 through 10 scale. 0 = not at all, 10 = a great amount

How engaged was your child throughout the project?

0 1 2 3 4 5 6 7 8 9 10

How would you rate your child’s creativity throughout the project?

0 1 2 3 4 5 6 7 8 9 10

How much did you assist your child in this activity?

0 1 2 3 4 5 6 7 8 9 10

**Activity 2: Painted Leaf Pressings**The following questions all refer to your experience with the Painted Leaf Pressing Activity.

Did your family complete this activity?

1. Yes
2. Started, but did not complete
3. No (please skip to activity 3)

Did this activity increase the amount of time that you talked with your child?

* 1. Yes
  2. No
  3. Unsure

Was your child successful at painting the leaf?

* 1. Yes, on their own
  2. Yes, with help
  3. No

Was your child successful at pressing the leaf onto paper?

* 1. Yes, on their own
  2. Yes, with help
  3. No

Answer the following questions using a 0 through 10 scale. 0 = not at all, 10 = a great amount

How much were you involved in the activity?

0 1 2 3 4 5 6 7 8 9 10

Would you be willing to do this activity again with your child?

0 1 2 3 4 5 6 7 8 9 10

**Activity 3: Beaded Clothespin Butterfly**

The following questions refer to your experience with the Beaded Clothespin Butterfly.

Did your family complete this activity?

1. Yes
2. Started, but did not complete
3. No (please skip to activity 4)

Was your child able to identify the colors of the beads?

* 1. Yes
  2. Some of them
  3. No
  4. Unsure

Was your child able to thread the beads?

1. Yes, on their own
2. Yes, with help
3. No
4. Unsure

Answer the following questions using a 0 through 10 scale. 0 = not at all, 10 = a great amount

What was your level of involvement in the activity with your child?

0 1 2 3 4 5 6 7 8 9 10

How willing would you be to do Family Fun Activities like this one in the future?

0 1 2 3 4 5 6 7 8 9 10

**Activity 4: Fall Themed Scavenger Hunt**The following questions refer to your experience with the Fall Scavenger Hunt.

Did your family complete this activity?

1. Yes
2. Started, but did not complete
3. No (please skip to activity 5)

How many items did your child identify during the activity?

1. 0-1 items
2. 2-3 items
3. 4-5 items
4. 6-7 items

How much time did the activity take from start to finish?

1. Less than or equal to 10 minutes
2. 11-20 minutes
3. 21-30 minutes
4. More than 30 minutes

Was your child able to identify all the colors?

1. Yes
2. Some of them
3. No
4. Unsure

Was your child able to identify all the textures?

1. Yes
2. Some of them
3. No
4. Unsure

How much did your family enjoy this activity? (Scale 0-10; 0 = not at all, 10 = a great amount)

0 1 2 3 4 5 6 7 8 9 10

**Activity 5: Astronaut Pudding**

The following questions refer to your experience with the Astronaut Pudding Activity.

Did your family complete this activity?

1. Yes
2. Started, but did not complete
3. No (please skip to the next set of questions)

How long did it take for your family to complete the activity?

1. Less than or equal to 10 minutes
2. 11-20 minutes
3. 21-30 minutes
4. More than 30 minutes

Was your child able to explain the difference between gravity on Earth and in space?

* 1. Yes
  2. Partially
  3. No
  4. Unsure

Answer the following questions using a 0 through 10 scale. 0 = not at all, 10 = a great amount

How much did your family enjoy this activity?

0 1 2 3 4 5 6 7 8 9 10

Did the Astronaut Pudding Activity encourage your family to spend time together?

0 1 2 3 4 5 6 7 8 9 10

**General Questions about Family Fun Time Activities**

What did your family enjoy most about these activities? (Please write in your response. Use the back sheet of paper if you run out of room)

What recommendations would you suggest to make these activities better?

What are your favorite ways to spend time with your child?

**Demographic information**

This data is collected to help understand the population that participated in Family Fun Time activities. Your answers will also help students practice their analytical skills.

What is your race/ethnicity? (Please circle all that apply)

1. Latino/Hispanic
2. White (Non-Latino)
3. Black or African-American
4. Asian
5. Pacific Islander
6. Native American
7. Middle Eastern
8. Multiracial
9. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Prefer not to answer

How old is your child who attends Head Start? (Circle all that apply)

1. 3 years old
2. 4 years old
3. 5 years old
4. Other \_\_\_\_\_\_\_\_\_\_

What is your relationship to your child who attends Head Start? (Please circle the most accurate description)

1. Mother
2. Father
3. Step-Mother
4. Step-Father

What best describes your household?

1. Two-parent
2. Single-parent
3. Multigenerational (Grandparents, parents, and children in same home)
4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the highest degree of education anyone in your household has completed?

1. Less than High School
2. High School
3. Some College
4. College degree or higher
5. Prefer not to answer

How often do you communicate with your child’s teachers at Head Start?

1. Daily or more
2. Weekly
3. Monthly
4. Less than monthly
5. Never

How often do you attend programs at Head Start?

1. Often
2. Sometimes
3. Rarely
4. Never

On average, how many hours a week do you work?

1. 0-10 hours
2. 11-20 hours
3. 21-30 hours
4. 31-40 hours
5. 41-50 hours
6. 51 or more hours
7. Prefer not to answer

Thank you very much for participating in the activities and this survey. Please return the survey to your child’s teacher.