



## 2017-2018 OFCY PARENT/CAREGIVER SURVEYS

**ATTACH THIS FORM TO THE TOP OF THE COMPLETED SURVEYS AND  
DELIVER TO SOCIAL POLICY RESEARCH ASSOCIATES IN A SEALED ENVELOPE**

### Agency and program name as it appears in Cityspan:

Agency Name **EXACTLY** as It Appears on Your Cityspan Page: \_\_\_\_\_

Program Name **EXACTLY** as It Appears on Your Cityspan Page: \_\_\_\_\_

Site Location (If your program operates at multiple sites/locations): \_\_\_\_\_

### Survey period:

Date first survey was administered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date last survey was administered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of different days on which the survey was administered: \_\_\_\_\_

### Participation rate:

Number of completed surveys: \_\_\_\_\_

### Contact person for the survey:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Mail or deliver surveys to Shelley Kuang at:

Social Policy Research Associates (SPR)  
1333 Broadway, Suite 310  
Oakland, CA 94612