

1. How often do you eat dinner as a family at the dinner table?
0 1 2 3 4 5 6 7 nights

2. How often are biblical things discussed between you and your kids?
1 being never 10 being often
1 2 3 4 5 6 7 8 9 10

3. How adequately prepared do you feel to lead your child spiritually?
1 being not at all 10 being you feel fully prepared
1 2 3 4 5 6 7 8 9 10

4. Over the past 3 years, do you feel your relationship with your teen has been better or worse?
1- its much, much worse 10-its significantly improved
1 2 3 4 5 6 7 8 9 10

5. Do you think your teen(s) is hiding anything from you?
1-I know they are 10- they definitely are not
1 2 3 4 5 6 7 8 9 10

6. How involved do you feel you are in your teen's personal life?
1- completely unaware 10- we are very close and she/he tells me everything
1 2 3 4 5 6 7 8 9 10

7. Has attending Collide caused any noticeable improvement in your teens character and/or mental and spiritual health?
1-no noticeable improvement 10-drastric improvement
1 2 3 4 5 6 7 8 9 10

8. Do you feel that Collide is reinforcing the values and morals that you deem important?
1-not at all 10-very strongly
1 2 3 4 5 6 7 8 9 10

9. Has attending Next Level Church helped you be a better parent to your children?

1- not at all 10- very much

1 2 3 4 5 6 7 8 9 10

10. What are some elements you've heard your student speak about that are student's favorites and least favorites about Collide?

Favorites: _____

Least Favorites: _____

11. What would be the best way to communicate and help you with questions you can ask your student about what they are learning at Collide?

- A Facebook group
- Instagram
- Email
- A blog/website you can subscribe to
- Text messages

12. What kind of information would you like to be communicated?

13. If you could tell your student anything anonymously what would you want them to know?

Additional Comments:

This survey will be kept confidential and used for the NLC staff to evaluate how to better partner with parents.

Additional Information to help us:

Name (*optional*): _____ Single Parent: Y N

Student's Name (*optional*): _____ Student Gender: M F

Student Age: _____ Grade: _____ School: _____

How long has your child been attending? _____