

Youth/Young Adult Retrospective Survey

[Program Name] is interested in learning how this experience helped you to grow as a leader and community member. The next questions ask you to think about your skills, knowledge and experiences **BEFORE** you participated in this program, and **NOW**, after having participated. Remember, it's okay to have limited experience in many of these categories. There are no right or wrong answers. Thank you for your feedback!

Think back to BEFORE participating in [Program Name]. Please rate your level of agreement/disagreement with the following statements.					Now rate your agreement/disagreement with the following statements NOW , after having participated in [Program Name].					
HOW DID YOU FEEL BEFORE?					HOW DO YOU FEEL NOW?					
					→					
					→	Strongly Agree	Agree	Disagree	Strongly disagree	
1a. I think it is important to listen to and value the opinions of others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2a. I have the skills and experiences needed to be a mentor for other youth.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3a. I feel supported in pursuing my personal goals.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4a. I am confident.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5a. I can handle stressful situations.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6a. I am willing to stand up for what is right.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7a. There are people in my life I can depend on when I need help.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
8a. I feel like I am part of a community.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
9a. I believe young people can make a difference in the community.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
10a. When I have a problem there is an adult that I can talk to.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
11a. I know what I can do to help make the community a better place.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
12a. I know how to get along with other young people.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
13a. I feel comfortable speaking in front of a group of people.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
14a. I have identified future goals for myself.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1		b.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

15. How have you changed as a result of [Program Name], or how has [Program Name] impacted your life?

16. What is one thing you would change about [Program Name] or what can be improved?

17. Would you recommend [Program Name] to your friends?

- ¹ Yes
- ² Maybe
- ³ No

18. How would you rate your overall experience with [Program Name]?

- ¹ Excellent
- ² Very good
- ³ Average
- ⁴ Below average
- ⁵ Poor

19. What was the best part of your experience at [Program Name]?
