

## Introduction

**We value your opinion and would like to know how this program has helped you.**

**By completing this survey, you help programs all across Minnesota know how best to meet the needs of youth.**

**If you continue with the survey, we ask that you please answer the questions honestly. The staff of your program will not see your individual answers and your answers will not lead to consequences for you.**

**All questions have the option: "I do not wish to answer" if you do not feel comfortable responding.**

\* 1. Will you help us by taking this survey?

Yes

No

## Participant Registration

\* 2. Every youth program has its own number. Some programs have a number and a letter. Your program staff will tell you what number to use. Please enter it below.

\* 3. Please enter today's date:

	Month	Day	Year
Select date from drop-down menus	<input type="text"/>	<input type="text"/>	<input type="text"/>

## About You

\* 4. Do you identify as:

Male

I do not wish to answer

Female

Non-binary

Other (please specify)

\* 5. How old are you?

- |                                |                          |   |
|--------------------------------|--------------------------|---|
| <input type="radio"/> Under 12 | <input type="radio"/> 15 | <input type="radio"/> 19 or older             |
| <input type="radio"/> 12       | <input type="radio"/> 16 | <input type="radio"/> I do not wish to answer |
| <input type="radio"/> 13       | <input type="radio"/> 17 |   |
| <input type="radio"/> 14       | <input type="radio"/> 18 |   |

\* 6. Are you Hispanic or Latino/a?

- |                           |                          |   |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I do not wish to answer |
|---------------------------|--------------------------|---|

\* 7. What is your race? (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Black/AfricanAmerican | <input type="checkbox"/> Hispanic or Latino/a    |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> White                 | <input type="checkbox"/> I do not wish to answer |

## About Your Program

\* 8. Choose all the apply. My involvement in this program has:

- Given me positive adult role models.
- Helped me accept and take personal responsibility for my actions.
- Made me optimistic about my personal future.
- Helped me plan ahead and make good choices.
- Helped me resist negative peer pressure and dangerous situations.
- Helped me see that my life has purpose.
- Helped me be a better friend.
- Shown me that adults in my life want me to do well.
- Helped me develop friends who play a positive role in my life.
- I do not wish to answer.

9. Please share something about yourself that you are proud of as a result of your involvement in this program:

## End

**Thank you for taking our survey!**

**Please select "DONE" if you are satisfied with all your survey responses.**