



KEEP CONNECTED FEEDBACK SURVEY

Youth Version

Thank you for participating in *Keep Connected*! The purpose of this survey is to learn more about your experience, and get feedback on how the program can be improved. Your ideas and opinions are important to us!

If you have ANY questions, please ask! The survey will take about 10 minutes.

Your name will not be associated with your responses. Your responses will be combined with other *Keep Connected* participants.

Keep Connected YOUTH Feedback Survey

PART 1. ABOUT THE WORKSHOPS

Did a parent or guardian participate in *Keep Connected* with you?

- Yes, 1 parent Yes, 2 parents No

How many *Keep Connected* workshops did you attend?

- 0 1 2 3 4 5 6 7

These questions are about the *Keep Connected* workshops you participated in.

	Not at All	A Little	Some	A lot
Did the workshops meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the information and skills talked about in the workshops important to your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How interesting were the workshops to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your family use the information and skills learned in the workshops at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate each of the following aspects of the *Keep Connected* program.

	Poor	Fair	Good	Excellent
Usefulness of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands-on activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leader's knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pace of the presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activities to do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some of the questions in the next section ask about your parents. If you live in a one-parent or guardian family, answer thinking about that one parent/guardian.

How much do you agree or disagree with the following?

As a result of Keep Connected ...

	Strongly Disagree	Disagree	Agree	Strongly Agree
... I have strengthened my relationship with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I am more confident in my family's ability to stay connected when I am a teenager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I formed new relationships with other kids my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I am more aware of areas where I could do better in building strong relationships with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I am more likely to turn to the organization that put on <i>Keep Connected</i> for help and support in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of *Keep Connected*, I am more aware of my role in my relationship with my parents.

Strongly Disagree Disagree Agree Strongly Agree

How much do you agree or disagree with the following?

As a result of Keep Connected ...

	Strongly Disagree	Disagree	Agree	Strongly Agree
... my parents are trying harder to find ways to involve me in decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I find it easier to talk openly with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... my parents seem to understand or "get me" more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I understand my parents more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... our family spends more time together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend *Keep Connected* to other kids and their parents?

Yes → Who and why? No → Why not? *[Please print]*

As a result of your family's participation in *Keep Connected*, what is one thing you have changed or have been working on together?

Please complete this sentence.

The most important thing I learned through *Keep Connected* was ...

PART 2. BACKGROUND INFORMATION: The following questions are about you and your background. The purpose of asking these questions is to better describe our program participants.

I am a: Boy Girl

What grade are you in?

3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Which of the following describe you? *[Check all that apply]*

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other: _____
- Asian
- Hispanic or Latino/Latina
- White

What grades do you *usually* get in school? *[Check one]*

Mostly As Mostly Bs Mostly Cs Mostly Ds Mostly lower than Ds

Which of the following statements **BEST** describes your family situation? *[Check one]*

- We have a hard time buying the things we need.
- We have just enough money for the things we need.
- We have no problem buying the things we need, and we can also buy special things.

Thank you for participating in Keep Connected!