



Club Name _____ Today's Date (month/day/year) _____

Participant ID _____

TEEN OUTREACH PROGRAM® POST SURVEY

1. Will you be in school next year?

- | | |
|--|---|
| <input type="checkbox"/> Yes, I will be in the same grade I was in this year | <input type="checkbox"/> No, I am graduating high school but not continuing in school |
| <input type="checkbox"/> Yes, I will be in the next grade compared to the grade I was in this year (ex. moving from 9th to 10th grade) | <input type="checkbox"/> No, I am not graduating high school and will not be in school at all |
| <input type="checkbox"/> Yes, I am graduating high school and going on to college or vocational school | |

2. Here are some things young people do...

Please select either **Yes** or **No**. If the answer to a question is yes, please answer how many.

Example: if you were suspended from school twice last year, select **Yes** and type **2** for "How many times?".

During this school year, did you or will you...

	Yes	No	If yes, how many times?
a. Fail any courses for the whole year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Get any failing grades on your report card?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Get suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Cut classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Get pregnant or cause a pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Have a baby or father a baby?	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please tell us how you feel about each of the following...How much do you agree with these statements as they apply to you personally?

	NO!, Not At All!	No, not too much	Yes, somewhat	YES! Very Much!
a. I can work out my problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It's easy for me to stick to my plans and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I like to see other people happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most people can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is some good in everybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please respond to the following questions about how you feel about Teen Outreach.

	NO!, Not At All!	No, not too much	Yes, somewhat	YES! Very Much!
a. When I am at TOP®, I can say what I think and talk about my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel safe (physically) during TOP® sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. TOP® facilitators care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. TOP® facilitators understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. TOP® facilitators support and accept me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel like I belong at TOP®; it's a positive group of teens for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I enjoyed the Community Service part of TOP®.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I learned how to deal with challenges during my Community Service projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I helped plan my Community Service projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The Community Service projects helped me make a positive difference in the lives of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I learned new skills during my Community Service projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in TOP® and for completing this survey.