Youth Satisfaction Survey

**We welcome your totally anonymous feedback on this program.**

**Please DO NOT write your name on this page.**

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| --- | --- | --- | --- | --- |
| **Please circle your answers to the following ten items.** | | | | |
| 1. **The program material is interesting to me.** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I feel comfortable interacting with everybody in this program.** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I feel comfortable participating and giving my opinions.** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I am learning new things in this program.** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I would recommend this program to my friends.** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **What have you liked best about the program?** *(Please write out your answer)* | | | | |
| 1. **What have you liked least about the program?** *(Please write out your answer)* | | | | |
| **8.Do you have any suggestions for making the program better?** *(Please write out your answer)* | | | | |

***Thank You!***