

YSB Outcome Pre Assessment

As part of an ongoing effort to understanding the impact of our programs, we are asking for your responses to the following statements and questions. Your responses will be confidential and no personal information about you will be shared with others. All responses will be summed and reported together so that no individuals can be identified.

Name		Today's Date day month year
Age		
City		
Program		

	Yes	No
1. Besides this program, are you involved in any activities (such as sports teams, scouting, boys and girls clubs, academic clubs, 4-H, leadership clubs) in your school or community?	<input type="checkbox"/>	<input type="checkbox"/>

Select the answer that best fits. Check one box for each statement.					
	Never	Seldom	Occasionally	Most of the Time	Almost all of the time
2. When I am not at home, one of my parents or guardians knows where I am and who is with me.	<input type="checkbox"/>				
3. I think about the consequences of my behavior before I act.	<input type="checkbox"/>				

How much do you agree or disagree with the following statements? Check one box for each statement.					
	Strongly disagree	Disagree	Somewhat agree and somewhat disagree	Agree	Strongly agree
4. Think about the friends you spend the most time with (the friends you feel closest to). I don't think that any of them have done things that are illegal in the last two months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People who often get drunk are more likely to develop problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. People who use illegal drugs are more likely to develop problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know how to communicate well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am doing the best I can in school or in learning on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People who graduate from high school or get a GED/TASC, will be more successful in life than those who do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I know at least three ways to control my anger so I don't get in physical fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I get along with people in my family most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. There are adults in my life I could talk to about something important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There is an adult in my life who cares a lot about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Strongly disagree	Disagree	Somewhat agree and somewhat disagree	Agree	Strongly agree
14. There is an adult in my life who can help me be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My life is going in a positive direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I believe I can achieve goals that I set for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select the answer that best fits. Check one box for each statement.

	None	1-2	3-5	6-10	More than 10 times
17. On how many occasions the last 30 days, if any, have you used alcohol.	<input type="checkbox"/>				
18. On how many occasions in the last 30 days have you used illegal drugs or misused prescription drugs?	<input type="checkbox"/>				

19. Have you been arrested in the past six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Are you currently enrolled in school.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are not in school, select one of the following that best applies to you:

I have graduated or have my GED/TASC	<input type="checkbox"/>
I am working on my GED/TASC or a training program	<input type="checkbox"/>
I have dropped out of school and I am not in any education or training programs	<input type="checkbox"/>
I have been expelled and I am not in any education or training programs	<input type="checkbox"/>

YSB Outcome Post Assessment

As part of an ongoing effort to understanding the impact of our programs, we are asking for your responses to the following statements and questions. Your responses will be confidential and no personal information about you will be shared with others. All responses will be summed and reported together so that no individuals can be identified.

Name		Today's Date day month year
Age		
City		
Program		

	Yes	No
1. Besides this program, are you involved in any activities (such as sports teams, scouting, boys and girls clubs, academic clubs, 4-H, leadership clubs) in your school or community?	<input type="checkbox"/>	<input type="checkbox"/>

Select the answer that best fits. Check one box for each statement.					
	Never	Seldom	Occasionally	Most of the Time	Almost all of the time
2. When I am not at home, one of my parents or guardians knows where I am and who is with me.	<input type="checkbox"/>				
3. I think about the consequences of my behavior before I act.	<input type="checkbox"/>				

How much do you agree or disagree with the following statements? Check one box for each statement.					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
4. Think about the friends you spend the most time with (the friends you feel closest to). I don't think that any of them have done things that are illegal in the last two months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People who often get drunk are more likely to develop problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. People who use illegal drugs are more likely to develop problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know how to communicate well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am doing the best I can in school or in learning on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People who graduate from high school or get a GED/TASC, will be more successful in life than those who do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I know at least three ways to control my anger so I don't get in physical fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I get along with people in my family most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. There are adults in my life I could talk to about something important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. There is an adult in my life who cares a lot about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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How much do you agree or disagree with the following statements? Check one box for each statement.					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
14. There is an adult in my life who can help me be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My life is going in a positive direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I believe I can achieve goals that I set for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select the answer that best fits. Check one box for each statement.					
	None	1-2	3-5	6-10	More than 10 times
17. On how many occasions while in the program, if any, have you used alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. On how many occasions while in the program have you used illegal drugs or misused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select the answer that best fits. Check one box for each statement.					
	Yes	No			
19. Have you been arrested while in the program?	<input type="checkbox"/>	<input type="checkbox"/>			
20. Are you currently enrolled in school.	<input type="checkbox"/>	<input type="checkbox"/>			
If no, select one of the following that best applies to you:					
I have graduated or have my GED/TASC	<input type="checkbox"/>				
I am working on my GED/TASC or a training program	<input type="checkbox"/>				
I have dropped out of school and I am not in any education or training programs	<input type="checkbox"/>				
I have been expelled and I am not in any education or training programs	<input type="checkbox"/>				