



Youth Engagement, Motivation and Beliefs Survey

Youth Version

Instructions: The purpose of this survey is to find out more about youth and youth programs in King County. Our goal is to help make out-of-school time programs better for you and other young people. This survey should take about 20 minutes. Below are questions that ask about you and some of the things you think and feel about yourself and your afterschool program. This is not a test. There are no “wrong” answers. Please choose the answer that is most true or most like you.

This survey is completely voluntary. You do not have to answer any of the questions if you don’t want to, and you can stop doing this survey at any time. This survey does not have your name on it, so everything you write is confidential, which means that no one (not your parents, teachers, school staff or other students) will be allowed to know how you answer these questions.

1. Young people might describe themselves in many ways. We have listed some things youth might say or think about themselves. For each statement below, pick the answer that is most true for you.

	<i>Not at all true</i>	<i>Somewhat true</i>	<i>Mostly true</i>	<i>Completely true</i>
I don't give up easily	1	2	3	4
I listen to other people's ideas	1	2	3	4
I am a hard worker when it comes to my schoolwork	1	2	3	4
I can do a good job if I try hard enough	1	2	3	4
I trust my future will turn out well	1	2	3	4
I expect good things to happen to me	1	2	3	4
I feel bad when someone gets their feelings hurt	1	2	3	4
I try things even if I might fail	1	2	3	4
I make step-by-step plans to reach my goals	1	2	3	4
If I set goals, I take action to reach them	1	2	3	4
When I make a decision, I think about how it will affect other people	1	2	3	4
Getting a college education is important to me	1	2	3	4
I work well with others on group projects	1	2	3	4
I feel excited about my future	1	2	3	4
I take pride in doing my best in school	1	2	3	4



	<i>Not at all true</i>	<i>Somewhat true</i>	<i>Mostly true</i>	<i>Completely true</i>
I finish whatever I begin	1	2	3	4
I respect what other people think, even if I disagree	1	2	3	4
I stay positive when things don't go the way I want	1	2	3	4
Getting good grades is one of my main goals	1	2	3	4
I try to help when I see someone having a problem	1	2	3	4
I have goals in my life	1	2	3	4
I can solve difficult problems if I try hard enough	1	2	3	4
It is important to me to learn as much as I can	1	2	3	4
Doing well in school is an important part of who I am	1	2	3	4

2. Below are some statements that might describe how you feel about your after school program. For each statement, please indicate how true the statement is for you.

	<i>Not at all true</i>	<i>Somewhat true</i>	<i>Mostly true</i>	<i>Completely true</i>
There are things happening in this program that I feel excited about	1	2	3	4
This program has helped me to do better in school	1	2	3	4
This program has helped me to do a better job on my homework	1	2	3	4
This program helps me build new skills	1	2	3	4
This program has helped me to connect my schoolwork to my future goals	1	2	3	4
What we do in this program is challenging in a good way	1	2	3	4
What we do in this program is important to me	1	2	3	4
This program has helped me to complete my homework on time	1	2	3	4
This program helps me explore new ideas	1	2	3	4
This program has helped me to become more interested in	1	2	3	4



	<i>Not at all true</i>	<i>Somewhat true</i>	<i>Mostly true</i>	<i>Completely true</i>
what I'm learning in school				
What we do in this program will help me succeed in life	1	2	3	4
I fit in at this program	1	2	3	4
The adults in this program take the time to get to know me	1	2	3	4
I feel proud to be part of this program	1	2	3	4

SAMPLE



3. What is your gender (please check the appropriate box)?

- Female
- Male
- Other

4. What grade are you in?

- | | |
|--|---|
| <input type="checkbox"/> 6 th | <input type="checkbox"/> 10 th |
| <input type="checkbox"/> 7 th | <input type="checkbox"/> 11 th |
| <input type="checkbox"/> 8 th | <input type="checkbox"/> 12 th |
| <input type="checkbox"/> 9 th | <input type="checkbox"/> Other |

5. How often is English spoken in your home?

- Always
- Most of the time
- Sometimes
- Rarely or never

6. How often do you attend this program?

- Rarely
- Some sessions
- Most or all sessions

Thank you for your time!