Youth Satisfaction Survey

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

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

|  |
| --- |
| **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!***