

YSB Outcome Retro Pre/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.

Please answer the first columns as you might have when you first started the program.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1. "Are you involved in any activities in your school, community or faith-based organization."

Please answer the second columns as it currently applies to you.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Please answer the first columns as you might have when you first started the program.

Never Seldom Occasionally Mostly Almost always

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. When I am not at home, one of my parents or guardians knows where I am and who is with me.

3. I think about the consequences of my behavior before I act.

Please answer the second columns as it currently applies to you.

Never Seldom Occasionally Mostly Almost always

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please answer the first columns as you might have when you first started the program.

None	1-2	3-5	6-10	More than 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the second columns as it currently applies to you.

None	1-2	3-5	6-10	More than 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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| 17. On how many occasions the last 30 days, if any, have you used alcohol. |
| 18. On how many occasions in the last 30 days have you used illegal drugs or misused prescription drugs? |

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

Please answer the first columns as you might have when you first started the program.

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|--|
| 19. Have you been arrested in the past six months? |
| 20. Are you currently enrolled in school? |

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please answer the second columns as it currently applies to you.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If no, select one of the following that best applied to you when you first started the program:	
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"/>
I never enrolled in the current school year.	<input type="checkbox"/>

If no, select one of the following that best applies to you now:	
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"/>
I never enrolled in the current school year.	<input type="checkbox"/>