

Youth Court Student Survey

Please take a moment to fill out this survey honestly and completely. Your answers will be confidential. This survey will only be used to evaluate the program. Thank you, in advance for your cooperation.

1. Are you: Male Female What grade are you in? _____

2. What was your offense/violation? _____

3. What were you required to do? (Please check all that apply)

Community Service
What Agency? _____

How Many Hours? _____

(Enter classes or other requirements that your youth court offers)

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4. We appreciate any comments you have (positive or negative) about the requirements checked above.

5. Did you feel your disposition:

a. Increased your understanding of who was harmed? Yes No

b. Helped you repair the harm you caused? Yes No

c. Helped you become more involved in your community? Yes No

d. Helped you to learn and grow from this experience? Yes No

6. Did Youth Court explain what they expected of you? Yes No

If no, please tell us what was unclear to you.

7. Do you think your disposition/contract was: Too Lenient Fair Too Harsh

Please explain. _____

PLEASE TURN PAGE OVER

8. Has your behavior changed since attending Youth Court? Yes No
Please check the boxes below:

	My behavior is worse	No change	My behavior is better	Doesn't apply to me
School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and/or Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for community/neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings about yourself & your goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. (Optional) Did your mentor call or meet with you every week? Yes No

10. (Optional) How helpful was your mentor in supporting and encouraging you to complete your contract?

11. What did you like about Youth Court?

12. What changes could we make to improve Youth Court?

Thank you for completing this survey.

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If you would like to participate in the peer court, and are in grades 9-12, please complete the following information:

Name: _____ **Phone #:** _____

School: _____ **Grade:** _____

Address: _____

City: _____ **Zip Code:** _____