

YOUTH ENGAGEMENT SURVEY

Directions: Please circle the answer that best describes your experience in the program.

1. How much choice did you have about this activity?

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much

2. How important was this activity to you?

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much

3. Was it interesting?

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much

4. Was it challenging?

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much

5. Did you enjoy what you were doing?

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much

6. How hard were you concentrating?

- a. Not at all
- b. A little
- c. Somewhat
- d. Very much

7. Were you using your skills?
 - a. Not at all
 - b. A little
 - c. Somewhat
 - d. Very much

8. Did you wish you were doing something else?
 - a. Not at all
 - b. A little
 - c. Somewhat
 - d. Very much

9. Do you participate in any other after-school activities?
 - a. Yes
 - b. No