|  |
| --- |
| **The 4-H Office wants to know about your 4-H experience. This is so we can see how young people grow and learn.** **If you agree, information from these surveys can be used for research. We will make sure your answers to surveys are anonymous. This means that people will not know who wrote it.****You can choose not to participate if you wish; there are no consequences for not participating.****You can ask questions about this survey at any time. If you have questions, please contact XXX** |
| Choose One | Yes, I agree to be part of the study[ ]  | No, I do not agree to be part of the study[ ]  |
| Name |  |
| County |  |
| Club/Program Name  |  |
| Date  | \_ |
| **This survey should be completed by teens only. You may choose not to answer any question you are not comfortable with.** |

**For each of the following statements, rate your ability to perform each skill. In the left-hand columns, indicate your ability BEFORE the 4-H program. In the right-hand columns, indicate your ability NOW.**

|  |  |  |
| --- | --- | --- |
|  | **BEFORE** | **AFTER** |
|  | ***No Ability*** | ***Some Ability*** | ***Good Ability*** | ***Excellent Ability*** | ***No Ability*** | ***Some Ability*** | ***Good Ability*** | ***Excellent Ability*** |
| I can lead group discussions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can work as a team member | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can speak before a group | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can see things objectively  | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can plan programs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can teach others | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can share my opinions with adults | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| I can organize my time | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Please rate your level of agreement with each of the following statements related to your experience as teen staff in this 4-H program.**

|  | *Strongly Agree* | *Agree* | *Disagree* | ***Strongly Disagree*** |
| --- | --- | --- | --- | --- |
| I received training on how to be a teen teacher before the program began | ☐ | ☐ | ☐ | ☐ |
| I was provided with a curriculum to follow as I taught in this program | ☐ | ☐ | ☐ | ☐ |
| I participated in team-building with other teen teacher in the program | ☐ | ☐ | ☐ | ☐ |
| My ideas were used in the program | ☐ | ☐ | ☐ | ☐ |
| I received ongoing training and support throughout the program | ☐ | ☐ | ☐ | ☐ |
| I received feedback on how well I was doing as a teen teacher | ☐ | ☐ | ☐ | ☐ |
| I received recognition and reward for my efforts | ☐ | ☐ | ☐ | ☐ |
| The program made sure I had everything I needed to be successful as a teen teacher | ☐ | ☐ | ☐ | ☐ |
| There were dedicated adults who supported me as a teen teacher | ☐ | ☐ | ☐ | ☐ |
| I felt "set-up" for success by adults running the program | ☐ | ☐ | ☐ | ☐ |
| I experienced a successful youth-adult partnership | ☐ | ☐ | ☐ | ☐ |
| I can work successfully with younger youth | ☐ | ☐ | ☐ | ☐ |

**Please think about your 4-H experience when answering these questions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| Do you like to learn new things? |[ ] [ ] [ ] [ ]
| Are you afraid to try something you might get wrong? |[ ] [ ] [ ] [ ]
| Do you try to learn from your mistakes? |[ ] [ ] [ ] [ ]
| Are you willing to work hard on something difficult? |[ ] [ ] [ ] [ ]
| Before making a decision, do you stop to think about your choices? |[ ] [ ] [ ] [ ]
| Do you think about how your choices affect others? |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| Do you set goals for yourself? |[ ] [ ] [ ] [ ]
| Do you keep trying until you reach your goals? |[ ] [ ] [ ] [ ]
| Do you treat others the way you want to be treated? |[ ] [ ] [ ] [ ]
| Do you follow the rules even if no one is watching? |[ ] [ ] [ ] [ ]
| Do you help others reach their goals? |[ ] [ ] [ ] [ ]
| Is it hard for you to be a leader? |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| Do you show respect for others’ ideas? |[ ] [ ] [ ] [ ]
| Are you comfortable working in groups? |[ ] [ ] [ ] [ ]
| Do you think about other people’s feelings before you say something? |[ ] [ ] [ ] [ ]
| Do you look for ways to involve all members of a group? |[ ] [ ] [ ] [ ]
| Do you have a hard time speaking up in a group? |[ ] [ ] [ ] [ ]
| Do you get along with others who are different from you? |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| When someone makes you upset, can you still work with them? |[ ] [ ] [ ] [ ]
| Do you like to learn about people who are different from you? |[ ] [ ] [ ] [ ]
| Are you willing to try something you might get wrong? |[ ] [ ] [ ] [ ]
| Are you comfortable being a leader? |[ ] [ ] [ ] [ ]
| Is it easy for you to speak up in a group? |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| Do you pay attention to how much fruit you eat each day? |[ ] [ ] [ ] [ ]
| Do you pay attention to how many vegetables you eat each day? |[ ] [ ] [ ] [ ]
|  Do you pay attention to how much water you drink each day? |[ ] [ ] [ ] [ ]
| Do you pay attention to how many sugary drinks you drink each day? |[ ] [ ] [ ] [ ]
| Do you pay attention to the food label for the food you eat? |[ ] [ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Every day | Most days | Some days | **Never** |
| How often do you eat breakfast? |[ ] [ ] [ ] [ ]
| How often do you eat a meal with your family? |[ ] [ ] [ ] [ ]
| How often do you eat fast food? |[ ] [ ] [ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Sort of | No |
| Have you given your family ideas for healthy meals or snacks? |[ ] [ ] [ ]
| At 4-H, did you learn about healthy food choices? |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| Do you pay attention to how active you are each day? |[ ] [ ] [ ] [ ]
| Do you pay attention to how much time you spend in front of a screen (TV, computer, tablet, or smart phone)? |[ ] [ ] [ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Sort of | No |
| Have you encouraged others to be active with you? |[ ] [ ] [ ]
| At 4-H, did you talk about ways to be active? |[ ] [ ] [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Usually | Not really | **No** |
| Do you encourage your friends to make responsible choices? |[ ] [ ] [ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Sort of | No |
| At 4-H, did you talk about risky behaviors? |[ ] [ ] [ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Sort of | No |
| Do you know how to follow a recipe to make something to eat? |[ ] [ ] [ ]
| Do you know how to make changes to a recipe? |[ ] [ ] [ ]
| Do you know how to use measuring cups and spoons? |[ ] [ ] [ ]
| Do you know how to use knives safely? |[ ] [ ] [ ]
| Do you know how to handle hot pots and pans safely? |[ ] [ ] [ ]
| Do you know how to keep your cooking area clean to stop spreading germs? |[ ] [ ] [ ]

|  |
| --- |
| 1. **What was the most important skill you developed as a teen teacher?**
 |
|  |

|  |
| --- |
| 1. **How do you feel you have changed as a result of being a teen teacher?**
 |
|  |
| 1. **What was the best part of participating as a teen teacher in this program?**
 |
|  |
| 1. **What could be done to make your experience as a teen teacher even better?**
 |
|  |

|  |  |  |
| --- | --- | --- |
| What is your age & grade? | **Age:** | **Grade:** |
|  What is your gender? |  |
| Are you... (Select ALL that apply) | [ ] African American/Black[ ] Asian[ ] Native American/Alaskan Native | [ ] Native Hawaiian/Other Pacific Islander[ ] White[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you... (Select ONE) | [ ] Hispanic/Latino | [ ] Not Hispanic/Latino |
| Where do you live? (Select ONE) | [ ] Farm [ ] Rural (non-farm residence/town under 10,000) | [ ] Town or City 10,000-50,000[ ] Suburb of a City over 50,000[ ] City over 50,000 |
| How many years have you been participating in 4-H? (Select ONE) | [ ] This is my first year [ ] This is my second year | [ ] Three or more years |
|  How many hours do you typically spend on 4-H activities each week? (Select ONE) | [ ] Less than 1 hour[ ] 2 hours[ ] 3 hours | [ ] 4 hours[ ] 5 or more hours |
| What types of 4-H programs or projects are you involved in? (Select ALL that apply) | [ ] Clubs[ ] Camps[ ] After-school programs[ ] Special interest clinics or workshops | [ ] Web-based or online programs[ ] Local fairs/events[ ] Community service projects[ ] Working on my projects at home[ ] Other |
| What projects are you in? |  |