

Post Project Self Evaluation Survey

This survey forms part of the evaluation processes for the leap program, the Office for Youth's grant program that has funded the specific project that you are participating in.

The survey seeks to know how you feel about yourself in some ways. This is not a test, there are no right or wrong answers and everyone will have different responses. It is important that you give your own views and that you answer the questions honestly. **Your responses will be kept confidential**, will only be used for research purposes and will never be used to identify you individually.

The preferred method for completing this survey is at <https://www.surveymonkey.com/s/7NNXY7J>

If you are unable to complete this survey online please give this completed survey to your project coordinator.

Part One: About you:

This section seeks some background information about you.

What is your name?
What organisation are you undertaking the project with?
Are you: <input type="checkbox"/> female <input type="checkbox"/> male
What was your age group at the <u>start</u> of the project? <input type="checkbox"/> 12 – 15 <input type="checkbox"/> 16 - 18 <input type="checkbox"/> 19 - 21 <input type="checkbox"/> 22- 25
What is the highest level of education that you have <u>completed</u>? <input type="checkbox"/> Primary school <input type="checkbox"/> High school <input type="checkbox"/> Tafe <input type="checkbox"/> University
Do you study? <input type="checkbox"/> Yes, I study part time <input type="checkbox"/> Yes, I study full time <input type="checkbox"/> No, I do not study
Do you work? <input type="checkbox"/> Yes, I work part time <input type="checkbox"/> Yes, I work full time <input type="checkbox"/> No, I do not work
Do any of the below apply to you? Please tick <i>any</i> of the below that apply to you. Note: answering this question is optional but your response would be appreciated. Answers will only be used for statistical purposes. <input type="checkbox"/> I am a carer <input type="checkbox"/> I identify as Aboriginal <input type="checkbox"/> I am a person with a disability <input type="checkbox"/> I live in a regional area <input type="checkbox"/> I am from a non-English <input type="checkbox"/> I am a recently arrived migrant <input type="checkbox"/> I identify as lesbian, gay, bisexual, transgender, intersex or

speaking background

or on a protection visa

queer

What are your living arrangements?

I live with my parents/legal guardian

I live out of home (e.g. with friends, flat mates etc)

I do not have a permanent home (e.g. couch surf etc)

I am under the Guardianship of the Minister

How did you hear about the project?

Teacher/Youth Worker

Family

Friend

Other adult

Other (please explain): _____

Why did you join the project?

A teacher/youth worker or other adult encouraged or enrolled me in the project

Because a friend joined in the project

To have fun

To gain new skills

Other (please explain): _____

When did you join the project? Month: _____ Year: _____

When did you finish in the project? Month: _____ Year: _____

How often were project activities held?

Weekly

Fortnightly

Monthly

Other

Approximately how many project meetings/activities did you attend?

5 or less

Between 6 and 10

Between 11 and 15

Between 16 and 20

More than 20

Did you attend all the project meetings/activities?

Yes

No

If you missed any meetings/activities, approximately how many did you miss?

3 or less

Between 4 and 5

Between 6 and 10

More than 10

If you missed any meetings/activities, which of the following best describes the reason/s why? (tick all that apply):

I was unwell

I had other commitments

I could not make it (e.g. I had no transport etc)

I was not interested in the activity

Other (please specify): _____

Did the project generally reflect your interests and input? Yes No

Part Two: How do you feel?

This section seeks to know how you feel right now. Please answer the questions as to how you feel now even if you have felt differently at some other time.

Please think about each statement and tick the response which best represents how you feel. *Please tick only one response for each statement.*

I feel engaged (with my school, work, family community etc)	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
There are people in my life that I can trust	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I behave appropriately towards other people	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I cooperate well when working in a team	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I feel part of my community	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
When I apply myself to something I am confident I will succeed	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I know that if I have problems there are people and services in the local community who can help me	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I communicate well with other people	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am able to overcome problems that I encounter	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
My health (mental or physical) does not limit my participation in activities	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree

I have the necessary skills to undertake tasks	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I have a positive belief in the future	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I feel safe in my community	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
My behaviour contributes to my home being a happy place	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am aware that my decisions and actions impact on other people	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I respect the values and beliefs of people from different backgrounds to me	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am actively involved in my community	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I feel confident speaking in front of people I don't know	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I feel good about myself	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I think of the choices before making a decision	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I think of the consequences before making a decision	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree
I am able to find a solution when I disagree on something with a peer or adult	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neither agree or disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly disagree