

Appendix H: Youth Satisfaction Survey



YOUTH SATISFACTION SURVEY SCHOOL-BASED MENTAL HEALTH SERVICES

This survey is part of the evaluation of the Project AWARE school-based mental health program. We are asking students to complete a student Satisfaction Survey after they participate in the program. This survey will help us learn about you and the other students who are participating in the program. Your answers will help show us if our program is effective. This form is voluntary and confidential. This is not a test, so there are no right or wrong answers. Please be honest and thoughtful in your answers. When you finish, put your completed form in the envelope provided.

These statements are about different types of things that may have changed in your life – how you think, feel, act – since you’ve been involved in counseling. Please indicate if you Strongly Agree, Agree, Are Unsure, Disagree, or Strongly Disagree with each of the following statements. *Circle the number that best describes your answer.*

As a result of these services....	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Q-1. I am better at handling my problems.	1	2	3	4	5
Q-2. I get along better with my family.	1	2	3	4	5
Q-3. I get along better with friends and other people.	1	2	3	4	5
Q-4. I am doing better in school.	1	2	3	4	5
Q-5. I have better decision-making and problem solving skills.	1	2	3	4	5
Q-6. Overall, these services have been helpful to me.	1	2	3	4	5

Q-7. What has been the most helpful thing about the services you received?

Finally, we’d like some information about you. Give the response that describes you.

Q-8. How old are you? _____

Q-9. What grade are you in? _____

Q-10. Are you: 1. Female 2. Male 3. Other

Q-11. How would you describe yourself. *Circle one.*

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|--|------------------------------|
| 1. American Indian or Alaskan Native | 5. Hispanic or Latino/Latina |
| 2. Asian | 6. White or Caucasian |
| 3. Black or African American | 7. Two or more races |
| 4. Native Hawaiian or Pacific Islander | |

We’d like to hear about how you feel about participating in the program – what helped, what didn’t, or how we can improve services. Please share your thoughts in the space below or on the back.