



## YOUTH SURVEY – February/March 2017

*Please feel free to skip any questions that you are not comfortable with or ready to answer.*

1) Council Location: \_\_\_\_\_

4) Race and/or Ethnic Identity: (choose all that apply)

2) Your Age: \_\_\_\_\_

\_\_\_\_\_ African American or Black    \_\_\_\_\_ American Indian

3) Gender: \_\_\_\_\_ Female    \_\_\_\_\_ Male    \_\_\_\_\_ Other

\_\_\_\_\_ Asian    \_\_\_\_\_ Hispanic or Latino    \_\_\_\_\_ Multiracial

\_\_\_\_\_ Native Hawaiian or Pacific Islander    \_\_\_\_\_ White

5) About how long have you been involved with AMP?

\_\_\_\_\_ More than 2 years

\_\_\_\_\_ Between 2 and 6 months

\_\_\_\_\_ Between 1 and 2 years

\_\_\_\_\_ Less than 2 months

\_\_\_\_\_ Between 6 and 12 months

\_\_\_\_\_ This is my first meeting/event

6) Please rate the following aspects of your local AMP Council by checking one box in each row:

	5 Excellent	4 Very Good	3 Average	2 Below Average	1 Poor
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Location and time of meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency and length of meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth involvement in making AMP decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMP leader's understanding of the foster care or juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship between AMP members and adult leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to learn about supports and services available to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topics discussed at AMP meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities during AMP meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership opportunities for youth in AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall experience as a member of AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Do you have at least one significant, positive relationship with an adult through AMP? (check one)

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

8) In the past year, has AMP given you at least one experience where you practiced leadership? (check one)

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

9) In one word or a short phrase, how does being part of AMP make you feel?

10) In one word or a short phrase, how would you describe AMP?

*Please feel free to share any other comments on the back of this form.*