



**LINKAGES TO LEARNING YEAR END YOUTH SATISFACTION SURVEY**

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE HELP US IMPROVE OUR SERVICES BY ANSWERING THE QUESTIONS BELOW:**

**1. How long have you participated in Linkages to Learning activities/programs?** *(Please check one)*

\_\_\_ 1-5 months \_\_\_ 6-12 months \_\_\_ 1-2 years \_\_\_ 3-4 years \_\_\_ 5+ years

**2. What Linkages to Learning services have you participated in?** *(Please check all that apply)*

\_\_\_ Counseling \_\_\_ Student Groups \_\_\_ Workshops \_\_\_ Family Events \_\_\_ SSL Opportunities  
\_\_\_ After School/Spring Break/Summer Recreation/Sports Activities \_\_\_ Tutoring/Homework Clubs  
\_\_\_ Other *(please write in here)*: \_\_\_\_\_

**3. How do you feel about your experience with Linkages this school year?**

	Strongly Disagree ☹☹	Disagree ☹	Not Sure ☹☺	Agree ☺	Strongly Agree ☺☺
a. Someone was available when I needed them					
b. I was treated with respect					
c. My needs were understood					
d. Overall, I was satisfied with the service(s) I participated in					
e. I have learned ways to be more successful in school					
f. I have learned ways to become more involved in my school/community					

**4. What activities/services have been most helpful to you?**

\_\_\_\_\_  
\_\_\_\_\_

**5. Did you need English interpretation or Sign language help?**

Yes  No  Does Not Apply

5a. Did you get it? .....

Yes  No  Does Not Apply

5b. Were you satisfied with it? .....

Yes  No  Does Not Apply

**6. Thank you for any additional comments / suggestions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please turn over)*

**7. In order to better serve all students, we'd like to know something about you.**

Are you male or female?

- Male
- Female

Are you Hispanic or Latino?

- Yes, I consider myself to be Hispanic or Latino
- No, I do not consider myself to be Hispanic or Latino

What is your race? (Check all that apply)

- Asian
- Black or African American
- White
- Other: \_\_\_\_\_

**THANK YOU!!!**